

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019285

1. Entity Name

GERIATRIC CARE MANAGEMENT AND COUNSELING SERVICE

Principal Place of Business

1550 N.E. MIAMI GARDENS DR.
SECOND FLOOR
NORTH MIAMI BEACH FL 33179

Mailing Address

1550 N.E. MIAMI GARDENS DR.
SECOND FLOOR
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

1550 N.E. MIAMI GARDENS DR.

3. Mailing Address

1550 N.E. MIAMI GARDENS DR.

Suite, Apt. #, etc.

SUITE 507

Suite, Apt. #, etc.

SUITE 507

City & State

NORTH MIAMI BEACH, FLORIDA

City & State

NORTH MIAMI BEACH, FLORIDA

Zip

33179

Country

USA

Zip

33179

Country

USA

4. FEI Number

65-0739886

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

YARNOLD, MARK S
9442 CHELSEA DR. NORTH
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

MARK S. YARNOLD

Street Address (P.O. Box Number is Not Acceptable)

1550 N.E. MIAMI GARDENS DRIVE
SUITE 507

City

NORTH MIAMI BEACH

FL

Zip Code

33179

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Mark S. Yarnold

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS YARNOLD, MARK S
CITY-ST-ZIP 9442 CHELSEA DR. NORTH
PLANTATION FL 33324

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1550 N.E. MIAMI GARDENS DR. SUITE 507
CITY-ST-ZIP NORTH MIAMI BEACH, FLORIDA 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark S. Yarnold

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01

Date

305-525-3347

Daytime Phone #

0226808

CR2E034 (10/00)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90028 040 ***150.00

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DO NOT WRITE IN THIS SPACE