

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90017 017 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052292

1. Corporation Name

FLORIDA GERIATRIC RESOURCES, INC.



Principal Place of Business

906 ELMO ST.
AMERICUS GA 31709

Mailing Address

906 ELMO ST.
AMERICUS GA 31709

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

2. Principal Place of Business

21 **SHILOH ROAD RT #1**

Suite, Apt. #, etc.

22 **BOX 50-A**

City & State

23 **ELLAVILLE, GA**

Zip

24 **31806**

Country

25 **UNITED STATE**

2a. Mailing Address

26 **SHILOH ROAD RT #1**

Suite, Apt. #, etc.

27 **BOX 50-A**

City & State

28 **ELLAVILLE, GA**

Zip

29 **31806**

Country

30 **USA**

4. FEI Number

58-2330184

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**LOWERY, JOYCE
1811 TAMiami DR.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **WIDENER, STEVE**
STREET ADDRESS **214 RIDGECREST DRIVE**
CITY-ST-ZIP **THOMASVILLE GA 31792**

TITLE **VP** ☐ DELETE

NAME **CARPENTER, LARRY**
STREET ADDRESS **P O BOX 990**
CITY-ST-ZIP **ELLAVILLE GA 31806**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0121702



**GERIATRIC
RESOURCES
INC.**

2182 Kimbrough Woods Place • Germantown, TN 38139 • 901-752-5056 • Fax: 901-752-8413

P97000052292
603601-90017-17

July 30, 1999

Division of Corporations

Annual Reports Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

To whom it may concern:

I called the phone number on the Annual Report Form and explained to the lady who answered that we did not receive the original Annual Report packet. She said to attach a letter (this letter) to the form, along with a check for \$150.00 (enclosed) and that the \$400 late fee would be waived.

Please contact me at (901) 752-5056 if you have any questions. Thank you for your assistance with this matter.

Sincerely,

Stan Caummisar

SC/bc

