

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000077220

FILED
Apr 15, 2004
Secretary of State

Entity Name: ADULT & GERIATRIC INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

1608 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 333345719 US

New Principal Place of Business:

Current Mailing Address:

1608 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 333345719 US

New Mailing Address:

FEI Number: 65-0795660

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAGHDASSARIAN, DAVID P
1608 EAST COMMERCIAL BLVD
FORT LAUDERDALE, FL 333345719 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MENCIA, ANDRES J M.D.
Address: 1608 EAST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 333345719

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: MENCIA, ROSEMARY
Address: 1608 E COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: T () Change (X) Addition
Name: BAGHDASSARIAN, DAVID
Address: 1608 EAST COMMERCIAL BLVD
City-St-Zip: FORT LAUDERDALE, FL 33334

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID BAGHDASSARIAN

T

04/15/2004

Electronic Signature of Signing Officer or Director

Date