

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000077220

FILED
Sep 25, 2008
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 ()

Name and Address of Current Registered Agent:

ADULT GERIATRIC INSTITUTE OF FLORIDA INC
1608 EAST COMMERCIAL BLVD
FT. LAUDERDALE, FL, FL 33334 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

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

Title: D (X) Delete
Name: PHAM, DINH H
Address: 1608 E COMMERCIAL BLVD
City-St-Zip: FT LAUDERDALE, FL 33334

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ROSEMARY MENCIA

VP

09/25/2008

Electronic Signature of Signing Officer or Director

Date