

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000077220

**FILED**  
**Mar 17, 2010**  
**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 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: DR. ANDRES J. MENCIA

PRES

03/17/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date