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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103534 (8)

A GERIATRICS NETWORK, INC.

Principal Place of Business

Mailing Address

## FILED Apr 08 1998 8:00am Secretary of State



916 REACHCOMBER 916 BEACHCOMBER VERO BEACH FL 32963 VERO BEACH FL 32963 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/08/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 916 BEACHCOMBER LAWE SAME 59-3481756 Not Applicable Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be VERO BEACH 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year intangible USA 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RAFF, KEELY ANN 916 BEACHCOMBER 82 Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL 32983 83 City 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 red 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PRESIDENT DELETE 1.1 TITLE Change Addition KEELY A. RAFE NAME 1.2 NAME STREET ADDRESS 916 BEALHCOMBER LANE 1.3 STREET ADDRESS VERO BEACH FL 30963 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE VICE- PRESIDENT 2.1 TITLE Change Addition NAME DE IDAD BENINCASA 2.2 NAME STREET ADDRESS 746 34th TERRACE 2.3 STREET ADDRESS CATY-SY-ZIP VERU BEACH FL 32768 2 4 CITY-ST-ZIP DELETE TITLE Change Addition DIRECTOR 3.1 TITLE NAME STEPHEN RAFF 3.2 NAME STREET ADDRESS 916 BEACHCEMBER LAWE 3.3 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 30963 3.4. CITY-ST-ZIP DIRECTOR DELETE TITLE 4.1 TITLE ☐ Change Addition VINCENT J BENINCHSA NAME 4. 2 NAME 746 34th TERRACE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP o Beach Fl 32963 4.4 CITY-ST-ZIP DELETE TITLE Change 51 TITLE Addition NAME 52 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-ST-ZIP 5.4 City-St-ZiP TITLE DELETE Change 6.1 TITLE ■ Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 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 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:

Deedad Some aso

3-1-98

521-231-7783