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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P97000103534

1. Corporation Name
A GERIATRICS NETWORK, INC.

Principal Place of Business	Mailing Address
916 BEACHCOMBER LN VERO BEACH FL 32963 US	916 BEACHCOMBER LN VERO BEACH FL 32963 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1997

4. FEI Number: 59-3481756 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 746 34TH TERRACE	26 746 34 TH TERRACE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 VERO BEACH, FL	City & State 28 VERO BEACH, FL
Zip 24 32968 Country 25 US	Zip 29 32968 Country 30 US

9. Name and Address of Current Registered Agent

RAFF, KEELY ANN
916 BEACHCOMBER
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name: DEIDAD BENINCASA
82 Street Address (P.O. Box Number is Not Acceptable): 746 34TH TERRACE
83
84 City: VERO BEACH FL 85 Zip Code: 32968

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: Deidad Benincasa DEIDAD BENINCASA PRESIDENT DATE 5-7-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	P	☑ DELETE
NAME	RAFF, KEELY A	
STREET ADDRESS	916 BEACHCOMBER LN	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	VP	☐ DELETE
NAME	BENINCASA, DEIDAD	
STREET ADDRESS	746 34TH TERR.	
CITY-ST-ZIP	VERO BEACH FL 32768	
TITLE	D	☐ DELETE
NAME	BENINCASA, VINCENT J	
STREET ADDRESS	746 34TH TERR.	
CITY-ST-ZIP	VERO BEACH FL 32768	
TITLE	D	☑ DELETE
NAME	RAFF, STEPHEN	
STREET ADDRESS	916 BEACHCOMBER LANE	
CITY-ST-ZIP	VERO BEACH FL 32963	
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	PRESIDENT	☑ Change ☐ Addition
1.2 NAME	DEIDAD BENINCASA	
1.3 STREET ADDRESS	746 34TH TERRACE	
1.4 CITY-ST-ZIP	VERO BEACH, FL 32968	
2.1 TITLE	VP	☑ Change ☐ Addition
2.2 NAME	BENINCASA, VINCENT J	
2.3 STREET ADDRESS	746 34TH TERRACE	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32968	
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		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Deidad Benincasa DEIDAD BENINCASA 4/27/99 561-778-0697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #