

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90113 007 ***150.00

DOCUMENT # P98000013075

1. Corporation Name

JEWISH GERIATRIC CARE MANAGEMENT & COUNSELING, I
NC.

Principal Place of Business

8830 SOUTHWEST 123RD COURT
SUITE 1-207
MIAMI FL 33186

Mailing Address

8830 SOUTHWEST 123RD COURT
SUITE 1-207
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate 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

21 1550 N.E. MIAMI GARDENS DR.

2a. Mailing Address

26 1550 N.E. MIAMI GDS. DR.

Suite, Apt. #, etc.

22 SECOND FLOOR

Suite, Apt. #, etc.

27 SECOND FLOOR

City & State

23 NORTH MIAMI BCH, FLORIDA

City & State

28 N. MIAMI BCH, FLORIDA

Zip

24 33179

Country

25 USA

Zip

29 33179

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

MARK S. YARNOLD

82 Street Address (P.O. Box Number is Not Acceptable)

8830 S.W. 123 CT. # I-207

83

84 City

MIAMI

FL

85 Zip Code

33186

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

Mark S. Yarnold

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-99

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME YARNOLD, MARK S

STREET ADDRESS 8830 SOUTHWEST 123RD COURT

CITY-ST-ZIP MIAMI FL 33186

TITLE VTD ☐ DELETE

NAME DIAMOND, LEAH K

STREET ADDRESS 8830 SOUTHWEST 123RD COURT

CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

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:

Mark S. Yarnold (MARK S. YARNOLD) 1-3-99

Date

305-270-0130

Daytime Phone #

CR2E034 (11/98)