

2001 UNIFORM BUSINESS REPORT (UBR)

PS192

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DOCUMENT # P98000014225

1. Entity Name
GERIATRIC MANAGEMENT AND CONSULTING SERVICE, INC

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -1 PM 1:53

Principal Place of Business
2 OFFICE PARK DR., SUITE A
PALM COAST FL 32137

Mailing Address
2 OFFICE PARK DR., SUITE A
PALM COAST FL 32137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3505400

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CERRETA, TERESA A
2 OFFICE PARK DR., SUITE A
PALM COAST FL 32137

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
CERRETA, TERESA A
2 OFFICE PARK DR., SUITE A
PALM COAST FL 32137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004535796-3
-08/15/01--01020--022
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
SP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/20/01 x 386-446-9476
Date Daytime Phone #

CR2E034 (10/00)

GERIATRIC MANAGEMENT AND CONSULTING SERVICES INC.

10 Wellside Lane
Palm Coast, FL 32164

Phone 904-447-1028
Fax 386-446-9436
Email tessytaz@aol.com

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98000014225
July 27, 2001

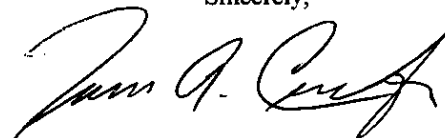
Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Customer Service Representative,

This letter is written today, because I recently found these documents that were prepared from my account in February 2001. Unfortunately, they were never mailed into your office. I was in the hospital February, March, April and May having spinal surgery and fusions. I can get a medical note if you so request one. I was unaware that these were not filed.

Please excuse my late filing fee and accept this check for the \$150.00. I am sorry for any inconvenience this may have caused your office. Please call me at home, 386-446-9436 (as I am still recuperating at home) if you have any questions or concerns.

Sincerely,



Teresa A. Cerreta