

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90025 008 ***150.00

DOCUMENT # P98000014225

1. Entity Name
GERIATRIC MANAGEMENT AND CONSULTING SERVICE, INC

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

2. Principal Place of Business
10 Wellside LN
 Suite, Apt. #, etc.

3. Mailing Address
10 Wellside LN
 Suite, Apt. #, etc.

City & State
Palm Coast FL
Zip
32164
Country
USA

City & State
Palm Coast, FL
Zip
32164
Country
USA

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

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
10 Wellside LN
City **Palm Coast** **FL** **Zip Code** **32164**

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]*
 Signature, typed or printed name of registered agent and then applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **2/8/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **10 Wellside Lane**
CITY-ST-ZIP **Palm Coast FL 32164**

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

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

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: *[Signature]*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 **(386) 447-1028**
 Date Daytime Phone #

CR2E034 (9/01)