2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000032368**

1. Entity Name

City & State

Zip

SIGNATURE

11.

TITLE

TITLE

NAME

TITLE

NAME

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NAME

TITLE

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-7IP

CITY-ST-ZIP

GERIATRIC MEDICAL ASSOCIATES, INC.

Country

CUMMINGS, JAMES R

675 HARVARD STREET **BROOKSVILLE FL 34601**

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so

(See criteria on back)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Principal Place of Business Mailing Address 633 WARD AVENUE 633 WARD AVENUE **BROOKSVILLE FL 34601** BROOKSVILLE FL 34601-1946 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State

Zip

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

Delete

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12.

STREET ADDRESS

STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

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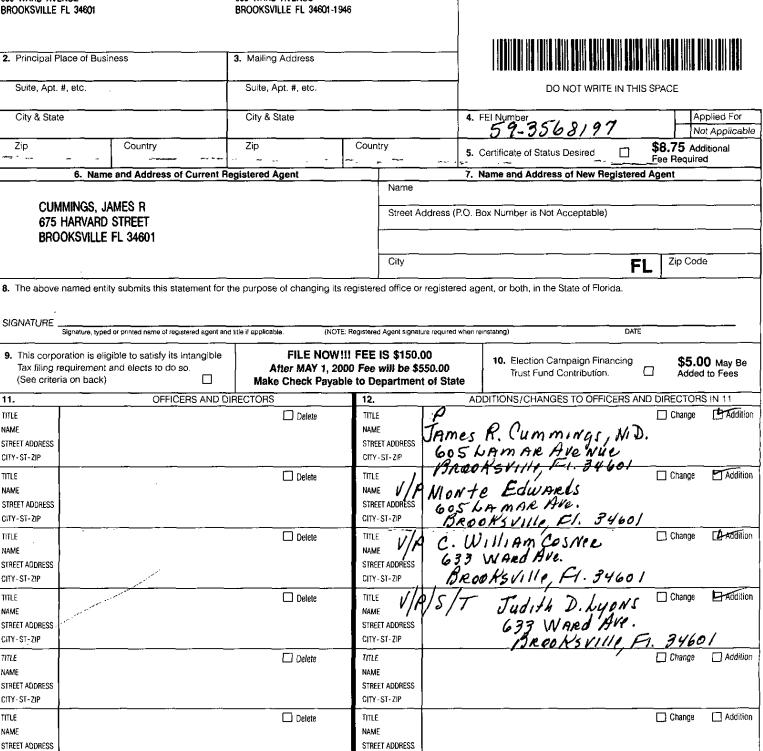
NAME

Name

City

Apr 11, 2000 8:00 am Secretary of State

04-11-2000 90230 041 ***150.00



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 attachinent with an address, with all other like empowered.

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