


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000032368</b>	
1. Entity Name <b>GERIATRIC MEDICAL ASSOCIATES, INC.</b>	

Principal Place of Business <b>605 LAMAR AVENUE BROOKSVILLE, FL 34601</b>	Mailing Address <b>605 LAMAR AVENUE BROOKSVILLE, FL 34601</b>
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02152007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3568197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CUMMINGS, JAMES R 605 LAMAR AVENUE BROOKSVILLE, FL 34601</b>
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00.**  
After May 1, 2007 Fee will be \$550.00

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

000000654247  
03/13/07-80054-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CUMMINGS, JAMES R 605 LAMAR AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, MONTE 605 LAMAR AVE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSNER, C W 605 LAMAR AVENUE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST LYONS, JUDITH D 605 LAMAR AVENUE BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Judy Lyons Judy Lyons 3-1-07 352 799 5411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #