FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

1995

DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11: 49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S94240 (6)

1. Corporation Name

GERIATRIC SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
542 S.W. 42ND AVE. MIAMI FL 33134-1962	542 S.W. 42ND AVE. MIAMI FL 33134-1962

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 65-0297633 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 7331 Coral Way Ste 267B	26 7331 Coral Way
Suite, Apt. #, etc. 22 Ste 267 B	Suite, Apt. #, etc. 27 Ste 267 B
City & State 23 Miami FL.	City & State 28 Miami FL.
Zip 24 33155 / County 25 Dade	Zip 29 33155 / County 30 Dade

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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CRESPO, FERNANDO R.
542 S.W. 42ND AVE.
MIAMI FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVS	11 TITLE	☐ Change ☐ Addition
NAME	CRESPO, FERNANDO R.	12 NAME	
STREET ADDRESS	15370 S.W. 152ND AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	VP BERTA	21 TITLE	☒ Change ☐ Addition
NAME	CARO, ~~FERNANDO~~ R	22 NAME	Caro, Berta R
STREET ADDRESS	15370 SW 152 AVE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE		31 TITLE	400001482194
NAME		32 NAME	-05/10/95--01024--001
STREET ADDRESS		33 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/30/95 Daytime Phone (305) 267-6030

0140630 CP