


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S94240 (6) 1. Corporation Name GERIATRIC SERVICES OF SOUTH FLORIDA, INC.			
Principal Place of Business 7331 CORAL WAY STE. 267-B MIAMI FL 33155		Mailing Address 7331 CORAL WAY STE. 267-B MIAMI FL 33155-1471	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 11/15/1991		3a. Date of Last Report 03/22/1996	
4. FEI Number 65-0297633		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CRESPO, FERNANDO R. 15370 SW 152 AVE MIAMI FL 33187		10. Name and Address of New Registered Agent 81 Name Caro, Berta R 82 Street Address (P.O. Box Number is Not Acceptable) 15370 SW 152 Ave 83 Miami 84 City FL 85 Zip Code 33187	
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: <u>BERTA R CARO</u> DATE: <u>3/4/97</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PVS NAME CRESPO, FERNANDO R. STREET ADDRESS 15370 S.W. 152ND AVE. CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE VP 1.2 NAME Crespo, Fernando 1.3 STREET ADDRESS 15370 SW 152 Ave 1.4 CITY-ST-ZIP Miami, FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CARO, BERTA R STREET ADDRESS 15370 SW 152 AVE CITY-ST-ZIP MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE President 2.2 NAME Caro, Berta R 2.3 STREET ADDRESS 15370 SW 152 Ave 2.4 CITY-ST-ZIP Miami, FL 33187	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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 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: <u>BERTA R CARO</u> DATE: <u>3/4/97</u> (305) 267-6030 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)