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**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

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Jan 16 1998 8:00am

Secretary of State

forida Statutes. I further certify that the information legal effect as if made under path; that I am an

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # S94240

GERIATRIC SERVICES OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 7331 CORAL WAY 7331 CORAL WAY STE. 267-B STE 267 B DO NOT WRITE IN THIS SPACE MIAM! FL 33155 MIAMI FL 33155 3. Date Incorporated or Qualified 11/15/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0297633 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Zıp Country Zip 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CARO, BERTA R 15370 S.W. 152 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33187** 83 84 11. Pursuant to the provisions of Scotions 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pented name of registered agent and trie if applicable (NOTE: Registered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition 1.1 THLE TITLE CRESPO, FERNANDO R. 1.2 NAME CRESPO, FERNANDO R. NAME 15370 S.W. 152ND AVE. 1.3 STREET ADDRESS 15370 sw 152 ave STREET ADDRESS MIAMI FL City-St-ZIP 1.4 CITY - ST - ZIP miami,fl DELE 1E **X** Change Addition TITLE 2.1 TITLE CARO, BERTA R NAME CARO, BERTA R. 15370 SW 152 AVE 23 STREET ADDRESS STREET ADDRESS 15370 SW 152 AVE MIAMI FL 2.4 CITY-ST-7IP CITY - ST - ZIP MIAMIT-FL DELETE Change Addition 3171111 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - 7IP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition THUE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in indicated on this annual report or supplied until annual report is true and accurate and that my signature officer or director of the corporation or the receiver or trustee empowered to execute this report as required. receiver or trustee empowered to execute this rec attaching ht with an address. Block 12 or Block 13 if changed, or on ar