

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3900 GULF BLVD., SUITE 100
TALLAHASSEE, FLORIDA 32309

APPROVED
AND
FILED

MAY -1 PM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V42786

(6)

GERIPED CARE, INCORPORATED

Principal Place of Business

1701 18TH AVENUE WEST
BRADENTON FL 34205

Marked Address

1701 18TH AVENUE WEST
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

3. Date Reported in Calendar		3a. Date of Last Report	
06/08/1992		12/30/1994	
4. FIC Number		Adjustment	
65-0347435		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
6. Certificate of Status Desired		\$5.00 May Be Added to Fees	
7. The corporation has complied with the provisions of the Florida Statutes		Yes ☐ No ☒	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULTZ, ROBERT H SR
1101 9TH AVENUE WEST
BRADENTON FL 34206

81. Name

82. Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 601, 602, and 603 of the Florida Statutes, the undersigned, corporation, certifies the statement for the purpose of changing its registered office or registered agent as set forth in the Statement of Change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent of said corporation and accept the obligations of the Florida Statutes.

SIGNATURE

Signature of the person or entity filing this report

Signature of the person or entity filing this report

Signature

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS	
NAME	P KESTER, MARY A 1701 18TH AVE W BRADENTON FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME	V KESTER, MILES H 1701 18TH AVE W BRADENTON FL	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
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STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and that I am duly qualified for the certificate stated as has been provided by the Florida Statutes. I further certify that the information indicated on the annual report is a true and correct statement of the corporation's affairs and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the person or persons authorized to make this report as required by Chapter 601, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am not affiliated with any other corporation.

SIGNATURE:

Mary Kester Mary Kester Pres.

3-4-95

748-1030