

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

**FILED**  
**97 APR 30 AM 11:48**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000095457 (3)**  
 1. Corporation Name  
**INSTITUTE FOR TREATMENT OF DISORDERS OF AGING, P.A.**



Principal Place of Business  
**1401 CENTERVILLE ROAD SUITE 506 TALLAHASSEE FL 32308**

Mailing Address  
**1401 CENTERVILLE ROAD SUITE 506 TALLAHASSEE FL 32308-4640**

3. Date Incorporated or Qualified **11/21/1996**      3a. Date of Last Report

4. FEI Number  Applied For  Not Applicable

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip      Country

24.      25.      29.      30.      Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip      Country

9. Name and Address of Current Registered Agent  
**PIERCE, ROBERT A**  
**227 SOUTH CALHOUN STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City      85. Zip Code **FL**

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

12. OFFICERS AND DIRECTORS

TITLE      NAME      STREET ADDRESS      CITY - ST - ZIP

DELETE

**PD**  
**MAITLAND, CHARLES G M.D.**  
**1401 CENTERVILLE ROAD, SUITE 506**  
**TALLAHASSEE FL 32308**

DELETE

**VPTD**  
**FLOREK, GERY K M.D.**  
**1401 CENTERVILLE ROAD, SUITE 506**  
**TALLAHASSEE FL 32308**

DELETE

**VPSD**  
**MARTIN, J. TRUE M.D.**  
**1401 CENTERVILLE ROAD, SUITE 300**  
**TALLAHASSEE FL 32308**

DELETE

**VPSD**  
**AYALA, RICARDO M.D.**  
**1401 CENTERVILLE ROAD, SUITE 300**  
**TALLAHASSEE FL 32308**

DELETE

**VPTD**  
**ORTIZ, WINSTON'R M.D.**  
**1401 CENTERVILLE ROAD, SUITE 300**  
**TALLAHASSEE FL 32308**

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE      1.2 NAME      1.3 STREET ADDRESS      1.4 CITY - ST - ZIP

Change       Addition

**000002168830--4**  
**-05/07/97--01004--011**  
**\*\*\*165.00      \*\*\*165.00**

2.1 TITLE      2.2 NAME      2.3 STREET ADDRESS      2.4 CITY - ST - ZIP

Change       Addition

3.1 TITLE      3.2 NAME      3.3 STREET ADDRESS      3.4 CITY - ST - ZIP

Change       Addition

4.1 TITLE      4.2 NAME      4.3 STREET ADDRESS      4.4 CITY - ST - ZIP

Change       Addition

5.1 TITLE      5.2 NAME      5.3 STREET ADDRESS      5.4 CITY - ST - ZIP

Change       Addition

6.1 TITLE      6.2 NAME      6.3 STREET ADDRESS      6.4 CITY - ST - ZIP

Change       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:**      *[Signature]*      **4/28/97**      **904-878-1362**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)