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May 14 1997 8:00am  
Secretary of State

|                                                   |                                                                                   |                                                                                                    |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Northam<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

DOCUMENT # N96000004160 (5)

1. Corporation Name

AGE INSTITUTE OF FLORIDA, INC.

Principal Place of Business

C/O AGE INSTITUTE, PROF. ARTS BLDG.  
25 PENNCRAFT AVENUE  
CHAMBERSBURG PA 17201

Mailing Address

C/O AGE INSTITUTE, PROF. ARTS BLDG.  
25 PENNCRAFT AVENUE  
CHAMBERSBURG PA 17201-5600

3. Date Incorporated or Qualified  
08/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CHAIRMAN AND PRESIDENT C/P/P DELETE  
NAME CAROL A. TOLCHOP  
STREET ADDRESS 141 HARVEST LANE  
CITY-ST-ZIP CHAMBERSBURG, PA 17201

TITLE V/T DELETE  
NAME ANGELA D. STODOLSKA  
STREET ADDRESS 14177 ANTHONY HIGHWAY  
CITY-ST-ZIP WAYNESBORO, PA 17268

TITLE 3 DELETE  
NAME SUSAN M. KUMP  
STREET ADDRESS 7530 NIMROD ROAD  
CITY-ST-ZIP CHAMBERSBURG, PA 17201

TITLE See attached list for  
NAME BOARD OF DIRECTORS  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

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

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

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

☐ Change ☒ Addition

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)



**AGE INSTITUTE OF FLORIDA, INC.  
BOARD OF DIRECTORS & CORPORATE OFFICERS  
CONFIDENTIAL INFORMATION UPDATED MARCH 1997**

| <u>NAME/TERM EXPIRATION</u>                              | <u>RESIDENCE</u>                                                                           | <u>BUSINESS ADDRESS</u>                                                                                                                                                                                                                    |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <u>CORMAN, JOHN P.</u><br><br>SS# 345-12-8000            | *Mr. John P. Corman<br>41 Parkridge Drive<br>Bryn Mawr, PA 19010<br>(610) 525-2646         | (retired)                                                                                                                                                                                                                                  |
| <u>JABRO, ANN D.</u><br><br>SS# 188-46-2627              | *Ann D. Jabro, Ph.D.<br>1781 Circleville Road<br>State College, PA 16803<br>(814) 867-2679 |                                                                                                                                                                                                                                            |
| <u>MADONNA, HARRY D.</u><br><br>SS# 104-34-1798          | 5 Clayton Place<br>Newtown Square, PA 19073<br>(215) 353-8492                              | *Harry D. Madonna, Esq.<br>Attorney at Law<br>Blank, Rome Comisky & McCauley<br>Four Penn Center Plaza<br>Philadelphia, PA 19103<br>phn: (215) 569-5520 fax: (215) 569-5555                                                                |
| <u>MC DONOUGH, MARY KATHERINE</u><br><br>SS# 023-32-0404 | 399 Main Street<br>Charlestown, MA 02129<br>(617) 242-3292                                 | *Ms. Kate McDonough, Exec. Director<br>The John F. Kennedy Family Service Center<br>27 Winthrop Street<br>Charlestown, MA 02129<br>phn: (617) 241-8866 fax: (617) 241-5466                                                                 |
| <u>PHILLIPS, REBECCA A.</u><br><br>SS# 200-36-2604       | 3439 Midvale Avenue<br>Philadelphia, PA 19129<br>(215) 843-2452                            | *Rebecca A. Phillips, MSN, RN<br>Director, Gerontologic Nursing Consultation Service<br>University of Pennsylvania<br>Ralston House #322<br>3615 Chestnut Street<br>Philadelphia, PA 19104-2676<br>phn: (215) 898-1579 fax: (215) 898-7917 |
| <u>TSCHOP, CAROL A.</u><br><br>SS# 181-38-8860           | 141 Harvest Lane<br>Chambersburg, PA 17201<br>(717) 264-8783<br>car: (717) 261-6203        | *Ms. Carol A. Tschop<br>Chairman and President<br>AGE Institute<br>The Professional Arts Building<br>25 Penncraft Avenue<br>Chambersburg, PA 17201<br>phn: (717) 263-7766 fax: (717) 263-7602                                              |

**AGE Institute of Florida, Inc.  
Board of Directors & Corporate Officers  
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**WARSHAWER, ELIZABETH B.**

**SS# 155-44-7592**

**\*Ms. Elizabeth B. Warshawer  
109 Dunn's Cove Road  
Media, PA 19063  
(610) 627-2122**

**VP, Human Resource Development  
NovaCare, Inc.  
1012 West Ninth Avenue  
King of Prussia, PA 19406  
phn: (610) 992-7370 fax: (610) 992-3327**

**OFFICERS OF THE CORPORATION**

**Carol A. Tschop  
Chairman and President**

**(see above)**

**Angela D. Stoops  
SS# 177-42-3552  
Vice President, Asst. Secretary, Treasurer**

**14177 Anthony Highway  
Waynesboro, PA 17268  
(717) 762-9327**

**\*AGE Institute  
The Professional Arts Building  
25 Penncraft Avenue  
Chambersburg, PA 17201  
phn: (717) 263-7766 fax: (717) 263-7602**

**Susan M. Kump  
SS# 308-76-2258  
Secretary**

**7530 Nyesville Road  
Chambersburg, PA 17201  
(717) 264-1682)**

**\*AGE Institute  
The Professional Arts Building  
25 Penncraft Avenue  
Chambersburg, PA 17201  
phn: (717) 263-7766 fax: (717) 263-7602**

**\*denotes preferred mailing address**