

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 05 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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.



DO NOT WRITE IN THIS SPACE

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

Mailing Address  
 1401 CENTERVILLE ROAD  
 SUITE 506  
 TALLAHASSEE FL 32308

3. Date Incorporated or Qualified  
 11/21/1996

4. FEI Number  
 59-3534128

Applied For  
 Not Applicable

5. Certificate or Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

PIERCE, ROBERT A  
 227 SOUTH CALHOUN STREET  
 TALLAHASSEE FL 32301

81 Name

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

83

84 City

85 Zip Code  
 FL

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	MAITLAND, CHARLES G M.D. 1401 CENTERVILLE ROAD, SUITE 506 TALLAHASSEE FL 32308	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPTD	FLOREK, GERY K M.D. 1401 CENTERVILLE ROAD, SUITE 506 TALLAHASSEE FL 32308	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPSD	MARTIN, J. TRUE M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE FL 32308	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPSD	AYALA, RICARDO M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE FL 32308	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPTD	ORTIZ, WINSTON R M.D. 1401 CENTERVILLE ROAD, SUITE 300 TALLAHASSEE FL 32308	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 \*\*\*550.00

14. I hereby certify that the information submitted 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: *Charles G Maitland, M.D.* 9/29/98

CR2E034 (5/98)