

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90019 001 \*\*\*\*30.00  
 05-12-2000 90019 002 \*\*\*120.00

**DOCUMENT # P96000095457**

1. Entity Name

**INSTITUTE FOR TREATMENT OF DISORDERS OF AGING, P**

Principal Place of Business

Mailing Address

1401 CENTERVILLE ROAD  
 SUITE 506  
 TALLAHASSEE FL 32308

1401 CENTERVILLE ROAD  
 SUITE 506  
 TALLAHASSEE FL 32308-4640

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3534128**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, ROBERT A**  
**227 SOUTH CALHOUN STREET**  
**TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAITLAND, CHARLES G M.D.	NAME	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 506	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOREK, GERY K M.D.	NAME	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 506	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, J. TRUE M.D.	NAME	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	VPSD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AYALA, RICARDO M.D.	NAME	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORTIZ, WINSTON R M.D.	NAME	
STREET ADDRESS	1401 CENTERVILLE ROAD, SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR05024 10/00