2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004
Secretary of State

DOCUMENT# F94000004961

Entity Name: GERIMED OF AMERICA, INC.

Current Principal Place of Business:

608 E ALTAMONTE DR
#3200
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

160 INTERNATIONAL PARKWAY
#100
HEATHROW, FL 32746 US

Current Mailing Address:

608 E ALTAMONTE DR
#3200
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

160 INTERNATIONAL PARKWAY
#100
HEATHROW, FL 32746 US

FEI Number: 84-1244056 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: RIOPELLE, JAMES F
Address: 608 E ALTAMONTE DR, #3200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: PST (X) Delete
Name: GRAHAM, JAMES M
Address: 608 E ALTAMONTE DR, #3200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete
Name: DELISLE, RAYMOND C
Address: 608 E ALTAMONTE DR, #3200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete
Name: AHLMAN, DENNIS
Address: 608 E ALTAMONTE DR, #3200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D (X) Delete
Name: BRACKEN, PAUL
Address: 22 GREEN LANE
City-St-Zip: RIDGEFIELD, CT 06877

Title: D (X) Delete
Name: CUIP, RAYMOND
Address: 608 E ALTAMONTE DR, #3200
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: RIOPELLE, JAMES F
Address: 2290 S ADAMS ST
City-St-Zip: DENVER, CO 80210

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES F. RIOPELLE DR. 02/06/2004

Electronic Signature of Signing Officer or Director Date