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

PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000004961 (8)

GERIMED OF AMERICA, INC.

Principal Place of Business

333 WEST HAMPDEN. STE 802

Mailing Address

333 WEST HAMPDEN, STE 802

FILED May 21 1998 8:00am Secretary of State



ENGLEWOOD CO 80110 ENGLEWOOD CO 80110 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/26/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 84-1244056 333 WEST HAMPOEN 26 333 WEST MAMPOEN Not Applicable uite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 64 City Zip Code 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) Signature: type-dior printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PCD DELETE Change Addition TITLE 11 TITLE RIOPELLE, JAMES F NAME 1.2 NAME CR2E034 333 WEST HAMPDEN, STE 802 1.3 STREET ADDRESS STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TIME LAPAR, DUANE NAME 22 NAME **\$33 WEST HAMPDEN, STE 802** STREET ADDRESS 23 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE Change Addition TITLE 3.1 TITLE **GRAHAM, JAMES M** NÁME 3.2 NAME 333 WEST HAMPDEN, STE 802 STREET ADDRESS 3.3 STREET ADDRESS **ENGLEWOOD CO** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ___ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. 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 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 composition or the rectar of the composition of the c

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