

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90314 007 ***150.00

0590454

DOCUMENT # F94000004961

1. Entity Name
GERIMED OF AMERICA, INC.

Principal Place of Business
**333 WEST HAMPDEN
 STE 200
 ENGLEWOOD CO 80110
 US**

Mailing Address
**333 WEST HAMPDEN
 STE 200
 ENGLEWOOD CO 80110
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **84-1244056**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PCD
 RIOPELLE, JAMES F
 333 WEST HAMPDEN, STE 802
 ENGLEWOOD CO** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
~~**S
 LAPAR, DUANE
 333 WEST HAMPDEN, STE 802
 ENGLEWOOD CO**~~ ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**GRAHAM, JAMES M
 333 WEST HAMPDEN, STE 802
 ENGLEWOOD CO** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
ST ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DCOO
 DELISLE, RAYMOND C
 333 W HAMPDEN AVE #200
 ENGLEWOOD CO 80110** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 AHLMAN, DENNIS
 333 W HAMPDEN AVE #200
 ENGLEWOOD CO 80110** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BRACKEN, PAUL
 22 GREEN LANE
 RIDGFIELD CT 06877** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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 like empowered.

SIGNATURE:

James M. Graham
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JAMES M. GRAHAM

2/26/01 *(303) 781-6430*
 Date Daytime Phone #

CR2E034 (10/00)

Attachment#
F94000004961

**GERIMED OF AMERICA, INC.
LIST OF OFFICERS AND DIRECTORS**

520244

| <u>NAME</u> | <u>ADDRESS</u> | <u>TITLE</u> |
|--------------------|---|--------------|
| RAYMOND CULP, M.D. | 11298 COUNTY ROAD #14 DEL NORTE, CO 81132 | DIRECTOR |
| DOUGLAS KINZLEY | MGA COMMUNICATIONS 1125 SEVENTEENTH ST., #1800 DENVER, CO 80202 | DIRECTOR |
| JAMES MOORE | SPECTRUM HEALTHCARE 12647 OLIVE BLVD. ST. LOUIS, MO 63141 | DIRECTOR |