

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90405 037 ***150.00

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

608 E. Altamonte Drive

3. Mailing Address

Same as 2

Suite, Apt. #, etc.

3200

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

Zip

32701

Country

U.S.

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

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

7. Name and Address of New Registered Agent

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, 2002 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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **608 E. Altamonte Drive # 3200**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **PST** ☒ Change ☐ Addition
NAME
STREET ADDRESS **608 E. Altamonte Drive # 3200**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **608 E. Altamonte Drive # 3200**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

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

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

TITLE **D** ☐ Change ☒ Addition
NAME **Culp, Raymond**
STREET ADDRESS **608 E. Altamonte Drive # 3200**
CITY-ST-ZIP **Altamonte Springs, FL 32701**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment# F94000004961

945/63

12. Continued (Addition)

Title: D
Name: Kinzley, Douglas
Street Address: 608 E. Altamonte Drive #3200
City-St-Zip Altamonte Springs, FL. 32701