FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **705119** **(6)**

1. Corporation Name

GERIATRICS SERVICE COMPLEX FOUNDATION, INC.

Principal Place of Business	Mailing Address
% EDWARD E. LEVINSON 407 LINCOLN RD., PENTHOUSE EAST MIAMI BEACH FL 33139	% EDWARD E. LEVINSON 407 LINCOLN RD., PENTHOUSE EAST MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/29/1963**
3a. Date of Last Report: **05/13/1994**
4. FEI Number: **59-1033659** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

LEVINSON, EDWARD E.
407 LINCOLN RD., PENTHOUSE EAST
MIAMI BCH. FL 33139

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	ZUBKOFF, WILLIAM, P.H.D.	12 NAME	
STREET ADDRESS	630 ALTON ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 0	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BERKSON, MARSHALL H	22 NAME	
STREET ADDRESS	630 ALTON ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 0	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	FINE, SEYMOUR, M.D.	32 NAME	
STREET ADDRESS	630 ALTON ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 0	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CARMICHAEL, LYNN P. M.D.	42 NAME	
STREET ADDRESS	630 ALTON ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH, FL 0	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	RUTSTEIN, LEWIS	52 NAME	D PINKS, DAVID K
STREET ADDRESS	630 ALTON ROAD	53 STREET ADDRESS	630 Alton Road
CITY-ST-ZIP	MIAMI BCH, FL 0	54 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SOTO, RAPHAEL, M.D.	62 NAME	
STREET ADDRESS	630 ALTON RD	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ _____ (305) 672-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM ZUBKOFF, Secretary

0042010