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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90097 042 \*\*\*\*70.00

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**DOCUMENT # 705119**

1. Corporation Name

**GERIATRICS SERVICE COMPLEX FOUNDATION, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

**01/29/1963**

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SD**  
**ZUBKOFF, WILLIAM, P.H.D.**

STREET ADDRESS **630 ALTON ROAD**

CITY-ST-ZIP **MIAMI BCH, FL 33139**

TITLE ☐ DELETE

NAME **PD**  
**BERKSON, MARSHALL H**

STREET ADDRESS **630 ALTON ROAD**

CITY-ST-ZIP **MIAMI BCH, FL 33139**

TITLE ☒ DELETE

NAME **D**  
**FINE, SEYMOUR, M.D.**

STREET ADDRESS **630 ALTON ROAD**

CITY-ST-ZIP **MIAMI BCH, FL**

TITLE ☐ DELETE

NAME **D**  
**CARMICHAEL, LYNN P. M.D.**

STREET ADDRESS **630 ALTON ROAD**

CITY-ST-ZIP **MIAMI BCH, FL 33139**

TITLE ☐ DELETE

NAME **D**  
**SOTO, RAPHAEL, M.D.**

STREET ADDRESS **630 ALTON RD**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

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 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, with all other like empowered.

SIGNATURE:

**WILLIAM ZUBKOFF**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANUARY 6, 1999**  
Date

**(305) 672-2400**  
Daytime Phone #

CR2E037 (11/98)