

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705119

1. Entity Name

GERIATRICS SERVICE COMPLEX FOUNDATION, INC.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90177 014 \*\*\*\*61.25

Principal Place of Business      Mailing Address

% EDWARD E. LEVINSON      % EDWARD E. LEVINSON  
407 LINCOLN RD., PENTHOUSE EAST      407 LINCOLN RD., PENTHOUSE EAST  
MIAMI BEACH FL 33139      MIAMI BEACH FL 33139-3020

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      Applied For  
**59-1033659**      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

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

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      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.      \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	ZUBKOFF, WILLIAM, P.H.D.	
STREET ADDRESS	630 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33319	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BERKSON, MARSHALL H	
STREET ADDRESS	630 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETLUCK, HAROLD	
STREET ADDRESS	630 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARMICHAEL, LYNN P. M.D.	
STREET ADDRESS	630 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33319	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOTO, RAPHAEL, M.D.	
STREET ADDRESS	630 ALTON RD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM ZUBKOFF 3/20/00 305 6722100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)