

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705119

1. Entity 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

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

59-1033659

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

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

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

(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 ☐ Delete  
NAME ZUBKOFF, WILLIAM, P.H.D.  
STREET ADDRESS 630 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33319

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

TITLE PD ☐ Delete  
NAME BERKSON, MARSHALL H  
STREET ADDRESS 630 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33319

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

TITLE D ☐ Delete  
NAME PETLUCK, HAROLD  
STREET ADDRESS 630 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33139

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

TITLE D ☐ Delete  
NAME CARMICHAEL, LYNN P. M.D.  
STREET ADDRESS 630 ALTON ROAD  
CITY-ST-ZIP MIAMI BEACH FL 33319

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

TITLE D ☐ Delete  
NAME SOTO, RAPHAEL, M.D.  
STREET ADDRESS 630 ALTON RD  
CITY-ST-ZIP MIAMI BEACH FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Residence Phone #

CR2E037 (10/00)

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90051 007 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE