

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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

4. FEI Number

59-1033659

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

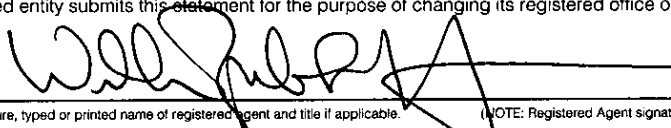
City

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	<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 33139	
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
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: X  **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deadline Phone #

CR2E037 (10/00)