

FILED  
May 07, 2003 8:00 am  
Secretary of State

05-07-2003 90178 037 \*\*\*\*70.00

2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 705119**

1. Entity 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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number  
**58-1033659**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**LEVINSON, EDWARD E.  
407 LINCOLN RD., PENTHOUSE EAST  
MIAMI BCH., FL 33139**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
Signature typed or printed name of registered agent and date of application (NOTE: Registered Agent signature required when returning) DATE

FILE NOW! FEES IS \$51.25

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD	ZUBKOFF, WILLIAM, P.H.D. 630 ALTON ROAD MIAMI BEACH, FL 33319	<input type="checkbox"/> Delete	
TITLE PD	BERKSON, MARSHALL H 630 ALTON ROAD MIAMI BEACH, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	PETLUCK, HAROLD 630 ALTON ROAD MIAMI BEACH, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	CARMICHAEL, LYNN P. M.D. 630 ALTON ROAD MIAMI BEACH, FL 33319	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	SOTO, RAPHAEL, M.D. 630 ALTON RD MIAMI BEACH, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, and I understand 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 the address, with all identifying employment.

SIGNATURE: *William Zubkoff* **DR. William Zubkoff** 04/28/03 (305) 672-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date

0128037 (10/02)

REC'D APR 23 2003