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CORPORATION ANNUAL REPORT 1995

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 29 PM 4:21

DOCUMENT # 753741 (8)

1. Corporation Name

THE JOSEPH L. MORSE GERIATRIC CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| % E. DREW GACKENHEIMER<br>4847 FRED GLADSTON DR<br>W PALM BCH FL 33417 | % E. DREW GACKENHEIMER<br>4847 FRED GLADSTON DR<br>W PALM BCH FL 33417 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 08/12/1980 | 3a. Date of Last Report: 03/30/1994 |
| 4. FEI Number: 59-2120896 | ☐ 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 |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ | $68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

GACKENHEIMER E DREW
4847 FRED GLADSTONE DR
W PLAM BCH FL 33417

**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 607.0502 and 607.1508, 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 607.0505, 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | P | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KATZ, STANLEY M. | 12 NAME | |
| STREET ADDRESS | 2 NORTH BREAKERS ROW | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH FL | 14 CITY-ST-ZIP | |
| TITLE | T | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SHAPIRO, SAM | 22 NAME | |
| STREET ADDRESS | TWO NORTH BREAKERS ROW | 23 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LAMPERT, MARILYN | 32 NAME | |
| STREET ADDRESS | 1021 COUNTRY CLUB DR. | 33 STREET ADDRESS | |
| CITY-ST-ZIP | N. PALM BEACH FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | GOLDBLUM, NORMAN P | 42 NAME | |
| STREET ADDRESS | 109 EVERGLADES AVE | 43 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BEACH FL | 44 CITY-ST-ZIP | |
| TITLE | S | 51 TITLE | S ☒ Change ☐ Addition |
| NAME | KAUFMAN, ANNE MARIE | 52 NAME | ZELNICK, MARILYN |
| STREET ADDRESS | 11570 BRIARWOOD CIRCLE | 53 STREET ADDRESS | 13932 EASTPOINTE CT. |
| CITY-ST-ZIP | BOYNTON BEACH FL | 54 CITY-ST-ZIP | PALM BEACH GARDENS, FL. |
| TITLE | ED | 61 TITLE | ☐ Change ☐ Addition |
| NAME | GACKENHEIMER, E. DREW | 62 NAME | |
| STREET ADDRESS | 4847 FRED GLADSTONE DR. | 63 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is truthful and 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 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.

SIGNATURE: _____ 2/16/95 (407) 471-5111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

004007