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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 753741

(8)

THE JOSEPH L. MORSE GERIATRIC CENTER, INC.

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Principal Place		Mailin	ng Address								, 5,5,, 5,6,, ,656,
	GACKENHEIMER		% E. DREW GACKENHEIMER								
W PALM BC	GLADSTON DR CH FL 33417		7 FRED GLADSTO PALM BCH FL 334								
		***	NEW DOTT TE SO	117		3.	. Date Incorporate 08/12/19		3a. D	Date of Last	
2 Principal P	Place of Business	1 20 14	lailing Address				. FEI Number	·		02/28/1	
1	idee of Eds. ress	26	aming Address			4.	59-21208	396		-	Applied For
Suite, Apt	#. etc		uite, Apt. #, etc.					700			Not Applicable
2		27	one, Apr. #, etc.			5.	. Certificate of Sta	atus Desired		•	5 Additional Required
City & Stat	te		rty & State				Floation Compai	ian Epopoino			
3		28	,			, o.	Election Campai Trust Fund Conf	-			00 May Be ed to Fees
Zip	Country	Zı	p	Countr	У	A	. This corporation		ntancible t		
4	25	29		30		•	Florida Statutes		Yes [199.002,
	9. Name and Address of Ci	urrent Register	ed Agent			10.	. Name and Add				
				81	Name						
GACKE	nheimer e drew			82	2 Shoot	Art. broce /D	O. Box Number i	ie Not Associable	la)		
4847 FF	RED GLADSTONE DR			02	ar Street	. Additess (r.,	.O. BOX NUMBER I	.s Not Acceptable	ie)		
W PLAN	A BCH FL 33417			83	3						
				_		••••					
				84	City				FL	85 Z	p Code
11. Pursuant	to the provisions of Sections 617.	.0502 and 617.1	508, Florida Statu	utes, the above	named c	orporation s	submits this stater	ment for the nurr		opping its	registered offi
		Florida Such ch	iande was aurnor	rized av the con	poration's	board of di	irectors. I hereby	accept the appo	pintment as	s registered	i agent. I am
OF registe	red agent, or both, in the state or	Section 617 050	13 Florida Statute								
familiar w	red agent, or both, in the state or rith, and accept the obligations of,	500000 b17.050	J3, Florida Statute								
familiar w	red agent, or both, in the state or rith, and accept the obligations of,	500000 b17.050	J3, Florida Statute	NOTE Registered Agr	ent signature	required when re	emstatino)		DATE		-
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

d/1/96

407-471-5111

- B (1884) (1886) BIXAD KIRIX (1884) DIRAK KARA BIRIX AKARI BIRIX DIRAK DIRAK DIRAK AKARI

Daytinie Phone #

CR2E037 (12/95)