

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753741 (8)

1. Corporation Name

THE JOSEPH L. MORSE GERIATRIC CENTER, INC.

Principal Place of Business

% E. DREW GACKENHEIMER
4847 FRED GLADSTON DR
W PALM BCH FL 33417

Mailing Address

% E. DREW GACKENHEIMER
4847 FRED GLADSTON DR
W PALM BCH FL 33417



3. Date Incorporated or Qualified
08/12/1980

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and state 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
NAME KATZ, STANLEY M.
STREET ADDRESS 2 NORTH BREAKERS ROW
CITY-ST-ZIP PALM BEACH FL ☒ DELETE

1.1 TITLE P
1.2 NAME GOLDBLUM, NORMAN P.
1.3 STREET ADDRESS 109 EVERGLADES AVE.
1.4 CITY-ST-ZIP PALM BEACH, FL ☒ Change ☐ Addition

TITLE T
NAME SHAPIRO, SAM
STREET ADDRESS TWO NORTH BREAKERS ROW
CITY-ST-ZIP PALM BCH. FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME LAMPERT, MARILYN
STREET ADDRESS 1021 COUNTRY CLUB DR.
CITY-ST-ZIP N. PALM BEACH FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOLDBLUM, NORMAN P
STREET ADDRESS 109 EVERGLADES AVE
CITY-ST-ZIP PALM BEACH FL ☒ DELETE

4.1 TITLE D
4.2 NAME KATZ, STANLEY M.
4.3 STREET ADDRESS 2 NORTH BREAKERS ROW
4.4 CITY-ST-ZIP PALM BEACH, FL ☒ Change ☐ Addition

TITLE S
NAME ZELNICK, MARILYN
STREET ADDRESS 13932 EASTPITE CT
CITY-ST-ZIP PALM BEACH GARDENS FL ☒ DELETE

5.1 TITLE S
5.2 NAME LUDWIG, DOROTHY
5.3 STREET ADDRESS 13490 CROSS POINTE DR.
5.4 CITY-ST-ZIP PALM BEACH GARDENS, FL ☒ Change ☐ Addition

TITLE ED
NAME GACKENHEIMER, E. DREW
STREET ADDRESS 4847 FRED GLADSTONE DR.
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 unchanged, or on an attachment with an address.

SIGNATURE:

E. DREW GACKENHEIMER

2/1/96

Date

407-471-5111

Daytime Phone #

CR2E037 (12/95)