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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **753741** **(8)**

1. Corporation Name

THE JOSEPH L. MORSE GERIATRIC CENTER, INC.

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

3. Date Incorporated or Qualified: 08/12/1980

4. FEI Number: 59-2120896 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GOLDBLUM, NORMAN P		1.2 NAME		
STREET ADDRESS	109 EVERGLADES AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERG, BARRY S		2.2 NAME		
STREET ADDRESS	2809 EMBASSY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LAMPERT, MARILYN		3.2 NAME		
STREET ADDRESS	1021 COUNTRY CLUB DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KATZ, STANLEY M		4.2 NAME		
STREET ADDRESS	2 NORTH BREAKERS ROW		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LUDWIG, DOROTHY		5.2 NAME		
STREET ADDRESS	13490 CROSS POINTE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP		
TITLE	ED	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GACKENHEIMER, E. DREW		6.2 NAME		
STREET ADDRESS	4847 FRED GLADSTONE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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 if changed, or on an attachment with an address.

SIGNATURE: _____ 3-5-98 561-471-5111