

FILE NOW: FILING FEE IS \$61.25

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

4. FEI Number
59-2120896

Applied For
Not Applicable

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

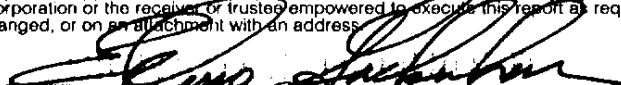
DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDBLUM, NORMAN P 109 EVERGLADES AVENUE PALM BEACH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERG, BARRY S 2809 EMBASSY DR WEST PALM BCH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMPERT, MARILYN 1021 COUNTRY CLUB DR. N. PALM BEACH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, STANLEY M 2 NORTH BREAKERS ROW PALM BEACH FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LUDWIG, DOROTHY 13490 CROSS POINTE DRIVE PALM BEACH GARDENS FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DR. WEST PALM BEACH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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

CR2E037 (10/97)