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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753741

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/12/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2120896 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 (11/98)

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, with all other like empowered.

SIGNATURE: SEAL E. Drew Gackenheimer FED 2-199 (561)6875944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone