2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State
02-02-2005 90049 015 ****61.25

DOCUMENT # 753741

1. Entity Name

JOSEPH L. MORSE GERIATRIC CENTER, INC.

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

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No Chg-NP CR2E037 (10/03)

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDBLUM, NORMAN P
STREET ADDRESS	109 EVERGLADES AVENUE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	T
NAME	KRAMER, LEROY
STREET ADDRESS	3811 LEPONT WAY
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	P
NAME	LORING, ARTHUR S
STREET ADDRESS	209 VIA TORTUGA
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	KATZ, STANLEY M
STREET ADDRESS	2 NORTH BREAKERS ROW
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	S
NAME	BRENNER, STANLEY
STREET ADDRESS	44 COCOANUT ROW
CITY-ST-ZIP	PALM BCH, FL 33480
TITLE	DVP
NAME	GACKENHEIMER, E. DREW
STREET ADDRESS	4847 FRED GLADSTONE DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ E. DREW GACKENHEIMER 1-11-05 561-687-5744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #