

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.	
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Principal Place of Business % E. DREW GACKENHEIMER 4847 FRED GLADSTONE DR W PALM BCH, FL 33417	Mailing Address % E. DREW GACKENHEIMER 4847 FRED GLADSTONE DR W PALM BCH, FL 33417
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20011000

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	DO NOT WRITE IN THIS SPACE
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.	

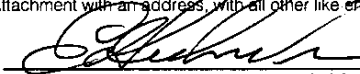
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBLUM, NORMAN P 109 EVERGLADES AVENUE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KRAMER, LEROY 3811 LEPONT WAY PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORING, ARTHUR S 209 VIA TORTUGA PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, STANLEY M 2 NORTH BREAKERS ROW PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRENNER, STANLEY 44 COCOANUT ROW PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DR. WEST PALM BEACH, FL 33417

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IN THIS SPACE

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 *