2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753741

FILED Mar 16, 2009 Secretary of State

Entity Name: THE JOSEPH L. MORSE GERIATRIC CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: C/O KEITH A. MYERS 4847 FRED GLADSTONE DR 4847 FRED GLADSTONE DR WEST PALM BCH, FL 33417 WEST PALM BCH, FL 33417 **Current Mailing Address:** New Mailing Address: MORSELIFE C/O KEITH A. MYERS 4847 FRED GLADSTONE DR 4847 FRED GLADSTONE DR WEST PALM BCH, FL 33417 WEST PALM BCH, FL 33417 FEI Number: 59-2120896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MYERS, KEITH A 4847 FRED GLADSTONE DR W PALM BCH, FL 33417 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SRIBERG, TERRI Name: Name: 19 ST. JAMES DRIVE Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 City-St-Zip: Title: () Delete Title: () Change () Addition SPIRA, SEYMOUR L Name: Name: Address: 3280 MONET DRIVE WEST Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: () Delete Title: () Change () Addition BLOCH, BEATRICE Name: Name: Address: 3349 ST. MALO COURT Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: Title: () Delete Title: () Change () Addition Name: KATZ, STANLEY M Name: 2 NORTH BREAKERS ROW Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: (X) Change () Addition BRENNER, STANLEY BRENNER, STANLEY Name: Name: 44 COCOANUT ROW 44 COCOANUT ROW #A113 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: PALM BEACH, FL 33480 Title: () Delete Title: () Change () Addition DINERSTEIN, ESTHER Name: Name: Address: 15 ST. GEORGE PLACE Address: PALM BEACH GARDENS, FL 33418 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH A. MYERS MR. 03/16/2009