2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753741

FILED Feb 09, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

MORSELIFE 4847 FRED GLADSTONE DR WEST PALM BCH, FL 33417

Current Mailing Address: New Mailing Address:

MORSELIFE 4847 FRED GLADSTONE DR WEST PALM BCH, FL 33417

FEI Number: 59-2120896 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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 US

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:

Title: C

 Name:
 LEVINE, EDWIN

 Address:
 550 SE 5TH AVE. #406

 City-St-Zip:
 BOCA RATON, FL 33432

Title: S

 Name:
 SPIRA, SEYMOUR L

 Address:
 3280 MONET DRIVE WEST

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410

Title:

Name: LEVINE, SUZANNE Address: 115 ST. MARTIN DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: D

Name: FALK, ELLEN

Address: 113 WINDWARD DRIVE

City-St-Zip: PALM BEACH GARDENS, FL 33418

Title:

 Name:
 BRENNER, STANLEY

 Address:
 44 COCOANUT ROW #A113

 City-St-Zip:
 PALM BEACH, FL 33480

Title:

Name: DINERSTEIN, ESTHER Address: 15 ST. GEORGE PLACE

City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby 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 all other like empowered.

SIGNATURE: KIETH A MYERS P 02/09/2012