

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Dec 14, 2012
Secretary of State

DOCUMENT# 753741

Entity Name: THE JOSEPH L. MORSE GERIATRIC CENTER, INC.**Current Principal Place of Business:**MORSELIFE
4847 FRED GLADSTONE DR
WEST PALM BCH, FL 33417**New Principal Place of Business:****Current Mailing Address:**MORSELIFE
4847 FRED GLADSTONE DR
WEST PALM BCH, FL 33417**New Mailing Address:****FEI Number:** 59-2120896**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MYERS, KEITH A
4847 FRED GLADSTONE DR
W PALM BCH, FL 33417 US**Name and Address of New Registered Agent:**

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: D
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: O
Name: CHAE, HONG
Address: 4847 FRED GLADSTONE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T
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: KEITH MYERS

O

12/14/2012

Electronic Signature of Signing Officer or Director

Date