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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48592** (2)

1. Corporation Name

MEN'S ASSOCIATES OF THE MORSE GERIATRIC CENTER, INC.



Principal Place of Business

**4847 FRED GLADSTONE MEMORIAL DR.
W. PALM BEACH FL 33417**

Mailing Address

**4847 FRED GLADSTONE MEMORIAL DR.
W. PALM BEACH FL 33417**

3. Date Incorporated or Qualified
04/28/1992

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GACKENHEIMER, E. DREW
4847 FRED GLADSTONE MEMORIAL DR.
WEST PALM BEACH FL 33417**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **KATZ, BURTON**
STREET ADDRESS **6572 EASTPOINTE PINES**
CITY-ST-ZIP **PALM BCH GARDENS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VP** ☒ DELETE
NAME **TARLOW, RICHARD**
STREET ADDRESS **6253 CELADON CT**
CITY-ST-ZIP **PALM BCH GARDENS FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME **LANG, LEON**
2.3 STREET ADDRESS **13771 LE BATEAU LANE**
2.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL**

TITLE **D** ☐ DELETE
NAME **FRANKLIN, IRVING**
STREET ADDRESS **6895 PALM GROVE CT**
CITY-ST-ZIP **PALM BCH GARDENS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HERSHENSON, MELVIN**
STREET ADDRESS **5279 FOUNTAINS DR., S. #604**
CITY-ST-ZIP **LAKE WORTH FL**

4.1 TITLE **S** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CHITLIK, EDWARD**
STREET ADDRESS **6549 EASTPOINTE PINES ST.**
CITY-ST-ZIP **PALM BCH GARDENS FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **KRAMER, SAUL**
5.3 STREET ADDRESS **100 SUNRISE AVE**
5.4 CITY-ST-ZIP **PALM BEACH, FL**

TITLE **D** ☐ DELETE
NAME **GACKENHEIMER, E. DREW**
STREET ADDRESS **4847 FRED GLADSTONE DR.**
CITY-ST-ZIP **WEST PALM BCH. FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

E. Drew Gackenhimer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E. DREW GACKENHEIMER

2/27/96 (404) 471-5111
Date Daytime Phone #
407 471 5111

CR2E037 (12/95)