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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # 1. Corporation Name

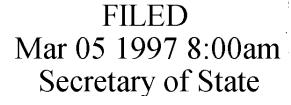
Principal Place of Business

N48592

(2)

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

Mailing Address





4847 FRED GL W. PALM BEAC	ADSTONE MEMORIAL DR. CH FL 33417	4847 FRED GLADSTONE MEMORIAL DR. W. PALM BEACH FL 33417									ì	
							Incorporated or Qualified 04/28/1992			st Report //1996		
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI N	umber 55-0329968	 		Applied For		
Suite, Apt.		Suite, Apt. #, etc. 27				5. Certifi	cate of Status Desired		\$8.75 Additional Fee Required			
City & State		City & State	28				on Campaign Fina <mark>ncing</mark> Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	25 29 30				ountry 8. This corporation has tiability for intangible tax under Florida Statutes Yes Yes					,	
	9. Name and Address of Curre	nt Registered Agent		27		10. Name	and Address of New Re	gistered A	gent			
			İ	81	Name	•						
GACKENHEIMER, E. DREW 4847 FRED GLADSTONE MEMORIAL DR.					Street	Address (P.O. Bo						
WEST P	ALM BEACH FL 33417			83								
				84	City			FL		Zip Code		
11. Pursuant to office or reagent. La	to the provisions of Sections 617.050 egistered agent, or bolh, in the State m familiar with, and accept the oblig	02 and 617.1508, Florida State of Florida. Such change was ations of, Section 617.0503, I	utes, the ab authorized lorida Statu	юvе i by utes	-named the cor	corporation subm poration's board o	nits this statement for the p of directors. I hereby accep	ourpose of ot the appo	changir ontmen	ng its register t as registere	ed d	
SIGNATURE												
	Signature, typed or printed name of registered ag			Ager	nt signature	e required when reinstatir		DATE				
12.		ID DIRECTORS	13.			ADDITI	ONS/CHANGES TO OFFIC	ERS AND				
TITLE NAME	P PATT BURTON	☐ DELETE	1.5 TIT						∐ Chan	nge 📙 Addi	tion	
	KATZ, BURTON 6572 EASTPOINTE PINES			1.2 NAME								
STREET ADDRESS	PALM BCH GARDENS FL			1.3 STREET ADDRESS								
CITY-ST-ZIP TITLE	VP DELETE			1.4 CITY-ST-ZIP 2.1 TITLE		VP			X Chan	nge 🔲 Addi		
NAME	LANG, LEON			2.2 NAME		STRAUSS	, HAROLD		CATA CHICK	ige LInuxi	""	
STREET ADDRESS	13771 LE BATEAU LANE					13579 VERDE DRIVE						
CITY-ST-ZIP	PALM BCH GARDENS FL				T-ZIP		PALM BEACH GARDENS, FL					
TITLE	D X DELETE			LE		T			Chan	nge Addi	tion	
NAME	Franklin, irivng		3.2 NA	ME		RAPOPOR	RT, ESTHER					
STREET ADDRESS	6895 PALM GROVE CT		3.3 ST6	AEET A	ADDRESS	6599 EA	STPOINTE PI	NES S	T.		ĺ	
CITY-ST-ZIP	PALM BCH GARDENS FL		3.4. Cf	TY-S	T- Z IP		EACH GARDENS					
TITLE	S	☐ DELETE	4.1 TIT	LE					Chan	nge 🔲 Addi	tion	
NAME	HERSHENSON, MELVIN		4. 2 NA	ME								
STREET ADDRESS	5279 FOUNTAINS DR., S. #1	804	4.3 STF	REET	ADDRESS							
CITY-ST-ZIP	LAKE WORTH FL		4.4 CiT	Y - \$1	-21P		·····					
TITLE	D			5.1 TITLE					☐ Chan	nge 🛄 Addi	tion	
NAME	KRAMER, SAUL		5.2 NA									
STREET ADDRESS	100 SUNRISE AVE		5.3 STF	REET	address						}	
CITY-ST-ZIP	PALM BCH GARDENS FL		5.4 CIT		-ZIP							
TITLE	D OVORTHUENED E DODA	☐ DELETE	6.1 T ITI						☐ Chan	nge 🔲 Addi	iion	
NAME	GACKENHEIMER, E. DREW	n	6.2 NA									
STREET ADDRESS 4847 FREED GLADSTONE DR.					ADDRESS							
CITY - ST - ZIP	WEST PALM BCH. FL		6.4 CIT	Y-ST	- ZIP	l						

14. I do 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 annual report or suppliemental annual report is true and cocurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or true to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or or an attach report in a progress.

SIGNATURE:

561-471-5111