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Mar 05 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 334173. Date Incorporated or Qualified
04/28/19923a. Date of Last Report
03/08/1996

4. FEI Number

65-0329968

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 617.1508, 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

TITLE P ☐ DELETE
NAME KATZ, BURTON
STREET ADDRESS 6572 EASTPOINTE PINES
CITY - ST - ZIP PALM BCH GARDENS FLTITLE VP ☒ DELETE
NAME LANG, LEON
STREET ADDRESS 13771 LE BATEAU LANE
CITY - ST - ZIP PALM BCH GARDENS FLTITLE D ☒ DELETE
NAME FRANKLIN, IRVING
STREET ADDRESS 6895 PALM GROVE CT
CITY - ST - ZIP PALM BCH GARDENS FLTITLE S ☐ DELETE
NAME HERSHENSON, MELVIN
STREET ADDRESS 5279 FOUNTAINS DR., S. #604
CITY - ST - ZIP LAKE WORTH FLTITLE D ☐ DELETE
NAME KRAMER, SAUL
STREET ADDRESS 100 SUNRISE AVE
CITY - ST - ZIP PALM BCH GARDENS FLTITLE D ☐ DELETE
NAME GACKENHEIMER, E. DREW
STREET ADDRESS 4847 FRED GLADSTONE DR.
CITY - ST - ZIP WEST PALM BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME STRAUSS, HAROLD
2.3 STREET ADDRESS 13579 VERDE DRIVE
2.4 CITY - ST - ZIP PALM BEACH GARDENS, FL3.1 TITLE T ☒ Change ☐ Addition
3.2 NAME RAPOPORT, ESTHER
3.3 STREET ADDRESS 6599 EASTPOINTE PINES ST.
3.4 CITY - ST - ZIP PALM BEACH GARDENS, FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 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 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 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 GACKENHEIMER
E. DREW GACKENHEIMER

2/26/97

561-471-5111

CR2E037 (9/96)