FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48592

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

FILED Feb 20, 1999 8:00 am Secretary of State

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2. 21	Principal P	lace of Business	3	2a. Mai	2a. Mailing Address					3. Date Incorpo 04/28/199		Qualifed	d				
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					4. FEI Number					Applied For		
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City & State					City & State					F - 1/4 - 1 - 1			. —		\$8.75	Add	ditional
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	Zip			Country			(6. Election Can	npaign F	nancino			\$5.0	0 м	av Be		
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			d Address of Curren				1	0. Name and A	Address	of New	Regist	tered A	gent				
				8	B1 Name												
OLOVENHERACO C. DOCIN								82 Street Address (P.O. Box Number is Not Acceptable)									
GACKENHEIMER, E. DREW 4847 FRED GLADSTONE MEMORIAL DR.								Street Ac	ddress	(P.O. Box Num	ber is No	t Accep	table)				
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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.															stered		
SI	GNATURE								.,					(TE			
12	1	Signature, typed or p	rinted name of registered agen OFFICERS AN	13.	gistered Agent signature require			ADDITIONS/C	HANGE	s to o			DIREC	TORS	S IN 12		
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14. I 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 reporter 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 adactiment with an address, with all other like empowered.

SIGNATURE:

SYNCHOKE RECURED

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/95 561-411-5111 Date Daytime Phone # CR2E037 (11/9)