


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N48592 1. Entity Name MEN'S ASSOCIATES OF THE MORSE GERIATRIC CENTER, INC.	
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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
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01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0329968	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GACKENHEIMER, E. DREW 4847 FRED GLADSTONE MEMORIAL DR. WEST PALM BEACH, FL 33417

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KATZ, BURTON M 6572 EASTPOINTE PINES PALM BCH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRAUSS, HAROLD 13579 VERDE DRIVE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PECKMAN, IRWIN 3566 LOIRE LANE PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAPOPORT, ESTHER 6599 EASTPOINTE PINES ST PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, SAUL 100 SUNRISE AVE PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GACKENHEIMER, E. DREW 4847 FRED GLADSTONE DR. WEST PALM BEACH, FL 33417

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE E. Drew Gackenhimer E. DREW GACKENHEIMER 1-11-05 561-687-5144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #