

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P33835** (0)

1. Corporation Name

**GERONTOLOGICAL SERVICES OF AMERICA, INC.**



Principal Place of Business Mailing Address  
**C/O ROBERT N. UNGERLEIDER**  
**200 NORTH LA SALLE STREET, SUITE 2300**  
**CHICAGO IL 60601**

3. Date Incorporated or Qualified **05/06/1991** 3a. Date of Last Report **08/23/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>36-3705721</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	Trust Fund Contribution	
<b>23</b>	<b>28</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country		
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERGER, SIDNEY</b>	1.2 NAME	
STREET ADDRESS	<b>70 W MADISON STE 4000</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRUBNICK, SAM</b>	2.2 NAME	
STREET ADDRESS	<b>3910 W. TOUHY</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LINCOLNWOOD IL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DIN</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STERN, CHAIM</b>	3.2 NAME	
STREET ADDRESS	<b>600 BOND STREET</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BRIDGEPORT CT</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULMAN, ARI</b>	4.2 NAME	
STREET ADDRESS	<b>6048 N. MONTICELLO</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/96

Date

Daytime Phone #

CR2E037 (12/95)