

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755952

FILED  
Feb 19, 2010  
Secretary of State

**Entity Name:** MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

3711 GARFIELD STREET  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

3711 GARFIELD STREET  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

FEI Number: 59-2082218

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JANSER, KEVIN R  
3711 GARFIELD ST  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CHAI  
Name: SCHWARTZ, BRIAN D  
Address: 3711 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: IPC  
Name: BIRKEN, GARY A MD  
Address: 3711 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: 1VC  
Name: CORNFELD HUROWITZ, SUSANNE E  
Address: 3711 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: 2VC  
Name: EISENBERG, MITCHELL  
Address: 3711 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33021

Title: TREA  
Name: OLIVERI, THOMAS O  
Address: 3711 GARFIELD ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SECT  
Name: SCHUSTER, CARL ESQ  
Address: 3711 GARFIELD STREET  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CARL SCHUSTER

SECR

02/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date