

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004761

FILED
Mar 20, 2009
Secretary of State

Entity Name: AHIEZER GERIATRIC CORP.

Current Principal Place of Business:

30 SAPPHIRE LANE
FRANKLIN PARK, NJ 08823

New Principal Place of Business:

Current Mailing Address:

30 SAPPHIRE LANE
FRANKLIN PARK, NJ 08823

New Mailing Address:

FEI Number: 20-1796646

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANKWITT, ERIC
500 SE 17TH STREET, SUITE 220
FORT LAUDERDALE, FL 33316 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: CP () Delete
Name: ABRAMS, STANLEY J
Address: 30 SAPPHIRE LANE
City-St-Zip: FRANKLIN PARK, NJ 08823

Title: VCS () Delete
Name: ABRAMS, ZISLA
Address: 30 SAPPHIRE LANE
City-St-Zip: FRANKLIN PARK, NJ 08823

Title: D () Delete
Name: HOTER-ISHAY, ARNON
Address: THE TOWER 3 DANIEL FRISCH STREET
City-St-Zip: TEL AVIV, 64731, ISRAEL,

Title: D () Delete
Name: HOTER-ISHAY, TAL
Address: THE TOWER 3 DANIEL FRISCH STREET
City-St-Zip: TEL AVIV, 64731, ISRAEL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STANLEY J. ABRAMS

CP

03/20/2009

Electronic Signature of Signing Officer or Director

Date