

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2005
Secretary of State**

DOCUMENT# N00000005247

Entity Name: HEBREW HOMES HEALTH NETWORK FOUNDATION, INC.

Current Principal Place of Business:

320 COLLINS AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

320 COLLINS AVE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-1040934 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUBKOFF, WILLIAM
320 COLLINS AVE
MIAMI BEACH, FL 33139 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: D () Delete
Name: GALBUT, RUSSELL
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: ZUBKOFF, WILLIAM
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: SCHWARTZ, FELICE
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: KALUS, ELLIOT
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change () Addition
Name: ZUBKOFF, WILLIAM
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: TD (X) Change () Addition
Name: KALUS, ELLIOT
Address: 320 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM ZUBKOFF

PD

04/26/2005

Electronic Signature of Signing Officer or Director

Date