

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 22, 2009  
Secretary of State**

DOCUMENT# N00000005247

Entity Name: HEBREW HOMES HEALTH NETWORK FOUNDATION, INC.

**Current Principal Place of Business:**

1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 US

**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  
1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 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: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: PD ( ) Delete  
Name: ZUBKOFF, WILLIAM  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: STD ( ) Delete  
Name: KALUS, ELLIOT  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

**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:

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: WILLIAM ZUBKOFF

PD

04/22/2009

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

\_\_\_\_\_  
Date