

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000689

FILED
Apr 25, 2003
Secretary of State

Entity Name: FRIENDS OF SIR M. B. DAVIS JEWISH GENERAL HOSPITAL, INC.

Current Principal Place of Business:

C/O KATZ BARRON SQUITERO & FAUST PA
100 NE 3RD AVENUE SUITE 280
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

C/O KATZ BARRON SQUITERO & FAUST PA
100 NE 3RD AVENUE SUITE 280
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 75-2990161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, FRANK T ESQ
100 NE 3RD AVENUE SUITE 280
FORT LAUDERDALE, FL 33301 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: WENER, JONATHAN
Address: 2000 PEEL STREET SUITE 900
City-St-Zip: MONTREAL QC H3A 2W5,

Title: D () Delete
Name: ALEXANDER, JAMES
Address: 1000 SHERBROOKE ST WEST SUITE 1720
City-St-Zip: MONTREAL QC H3A 3G4,

Title: D () Delete
Name: BICK, MYER
Address: 3755 COTE DE NEIGES ROOM A-107
City-St-Zip: MONTREAL QC H3T 1E2,

Title: D () Delete
Name: ELBAZ, HENRI
Address: 3755 COTE DE NEIGES ROOM A-119
City-St-Zip: MONTREAL QC H3T 1E2,

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 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: MYER BICK

D

04/25/2003

Electronic Signature of Signing Officer or Director

_____ Date