2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State
02-06-2004 90031 039 ****61.25

DOCUMENT # N03000000692

1. Entity Name
AMERICAN FRIENDS OF KIRYAT SANZ HOSPITAL, INC.

94011612

Principal Place of Business	Mailing Address
18 WEST 45TH STREET NEW YORK, NY 10036	18 WEST 45TH STREET NEW YORK, NY 10036

01272004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business | 3. Mailing Address

Street Address | Suite, Apt. # etc.

City | State | Country

4. FEI Number 13-272-4055 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREUNDLICH SIMCHA
4101 PINE TREE DR
MIAMI BEACH FL 33140

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

8. 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. I am familiar with, and accept the obligations of, the position of registered agent.

Signature of new registered agent (signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
D HYMAN, STANLEY M ESQ 70-19 173RD ST FLUSHING NY 11367			
T DAWIDOWICZ, NORMAN 573 GRAND ST NEW YORK NY 10002	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VP FREUNDLICH SIMCHA 4101 PINE TREE DR MIAMI BEACH FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
S SPITZER HENRY 474 35TH ST UNION CITY NJ 07087	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

Sorry - Forgot to enclose check with original Annual Report!

12. I hereby certify that I am entitled to the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 in Block 10 or Block 11 if changed, added, or deleted.

SIGNATURE: H Spitzer Henry Spitzer 2/2/04 212-944-2690

Signature and Typed or Printed Name of Signing Officer or Director | Date | Daytime Phone #