2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # N03000000692

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

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

04112006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2724055
☐ 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

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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 registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HYMAN, STANLEY M ESQ.
STREET ADDRESS	70-18 173RD ST
CITY-ST-ZIP	FLUSHING, NY 11367
TITLE	T
NAME	DAWIDOWICZ, NORMAN
STREET ADDRESS	573 GRAND ST
CITY-ST-ZIP	NEW YORK, NY 10002
TITLE	VP
NAME	FREUNDLICH, SIMCHA
STREET ADDRESS	4101 PINE TREE DR
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	S
NAME	SPITZER, HENRY
STREET ADDRESS	416 35TH ST
CITY-ST-ZIP	UNION CITY, NJ 01087
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/20/06-80058-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Henry Spitzer 4/27/06 212-944-2690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #