2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N03000000692

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

Current Principal Place of Business:

18 WEST 45TH STREET
NEW YORK, NY 10036

New Principal Place of Business:

18 WEST 45TH STREET
SUITE 307
NEW YORK, NY 10036

Current Mailing Address:

18 WEST 45TH STREET
NEW YORK, NY 10036

New Mailing Address:

18 WEST 45TH STREET
SUITE 307
NEW YORK, NY 10036

FEI Number: 13-2724055 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREUNDLICH, SIMCHA
4101 PINE TREE DR
MIAMI BEACH, FL 33140 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: HYMAN, STANLEY M ESQ.
Address: 70-18 173RD ST
City-St-Zip: FLUSHING, NY 11367

Title: T ( ) Delete
Name: DAWIDOWICZ, NORMAN
Address: 573 GRAND ST
City-St-Zip: NEW YORK, NY 10002

Title: VP ( ) Delete
Name: FREUNDLICH, SIMCHA
Address: 4101 PINE TREE DR
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: SPITZER, HENRY
Address: 416 35TH ST
City-St-Zip: UNION CITY, NJ 01087

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 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: SIMCHA FREUNDLICH VP 03/11/2008
Electronic Signature of Signing Officer or Director — Date