# I hereby 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 all other like empowered.

SIGNATURE: JACOB A SCHREIBER

#### 2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

#### DOCUMENT# 705135

Entity Name: DR. STANLEY AND PEARL GOODMAN JFS OF BROWARD COUNTY, INC.

### **Current Principal Place of Business:**

100 S. PINE ISLAND RD. #230 PLANTATION, FL 33324

## **Current Mailing Address:**

100 S. PINE ISLAND RD. #230 PLANTATION, FL 33324 US

### FEI Number: 59-0995106

### Name and Address of Current Registered Agent:

MAYZ, JOANNE 100 S PINE ISLAND ROAD SUITE 230 PLANTATION, FL 33324 US Certificate of Status Desired: No

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                 | : JOANNE MAYZ                            |                 |   | 11/04/2015 |
|---------------------------|--|-----------------|---|------------|
|                           | Electronic Signature of Registered Agent |                 |   | Date       |
| Officer/Director Detail : |  |                 |   |            |
| Title                     | IMMEDIATE PAST CHAIRMAN                  | Title           | TREA                                    |            |
| Name                      | BRODIE, MICHAEL                          | Name            | ROSS, SHELDON                           |            |
| Address                   | 10977 NW 12TH DRIVE                      | Address         | 1510 NW 100TH WAY                       |            |
| City-State-Zip:           | CORAL SPRINGS FL 33071                   | City-State-Zip: | PLANTATION FL 33322                     |            |
| Title                     | CHAIRMAN                                 | Title           | CEO                                     |            |
| Name                      | WISE, SETH                               | Name            | SCHREIBER, JACOB A                      |            |
| Address                   | 2719 JUNIPER LANE                        | Address         | 100 SOUTH PINE ISLAND ROAI<br>SUITE 230 | C          |
| City-State-Zip:           | DAVIE FL 33330                           | City-State-Zip: |   |            |
| Title                     | SECRETARY                                |                 |   |            |
| Name                      | LEFKOW, RANDEE                           |                 |   |            |
| Address                   | 100 S PINE ISLAND ROAD<br>SUITE 230      |                 |   |            |
| City-State-Zip:           | PLANTATION FL 33324                      |                 |   |            |

FILED Nov 04, 2015 Secretary of State CC0467970841