

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 705135

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

**FILED**  
**Mar 18, 2015**  
**Secretary of State**  
**CC6639270941**

**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**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MAYZ, JOANNE  
100 S PINE ISLAND ROAD  
SUITE 230  
PLANTATION, FL 33324 US

*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**

**03/18/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST CHAIRMAN  
Name BRODIE, MICHAEL  
Address 10977 NW 12TH DRIVE  
City-State-Zip: CORAL SPRINGS FL 33071

Title TREA  
Name ROSS, SHELDON  
Address 1510 NW 100TH WAY  
City-State-Zip: PLANTATION FL 33322

Title CHAIRMAN  
Name WISE, SETH  
Address 2719 JUNIPER LANE  
City-State-Zip: DAVIE FL 33330

Title INTERIM CEO  
Name NEWSTEIN, NEIL  
Address 100 SOUTH PINE ISLAND ROAD  
SUITE 230  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY  
Name LEFKOW, RANDEE  
Address 100 S PINE ISLAND ROAD  
SUITE 230  
City-State-Zip: PLANTATION FL 33324

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: NEIL NEWSTEIN**

**INTERIM CEO**

**03/18/2015**

Electronic Signature of Signing Officer/Director Detail

Date