

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005237

FILED
Apr 29, 2021
Secretary of State
3123332527CC

Entity Name: HEBREW HOMES HEALTH NETWORK, INC.

Current Principal Place of Business:

16855 NE 2ND AVE UNIT N400
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16855 NE 2ND AVE UNIT N400
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 65-1040936

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A.
4770 BISCAYNE BLVD
STE 1400
MIAMI, FL 33137 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: ABRAHAM A. GALBUT

04/29/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name ROZSANSKY, BEN
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR, SECRETARY,
TREASURER
Name WASSERMAN, MARTY
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP
Name GALBUT, DANIEL
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title PRESIDENT, CEO
Name BLOOM, ELAINE
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR
Name BRENT, JOAN
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR
Name MINAGORRI, MICKEY
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR
Name DANIELS, DANYLLE DANEE
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR
Name JOTKOFF, ALAN
Address 16855 NE 2ND AVE UNIT N400
City-State-Zip: NORTH MIAMI BEACH FL 33162

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: ELAINE BLOOM

CEO

04/29/2021

Electronic Signature of Signing Officer/Director Detail

Date