

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N00000005237

**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

10/06/2020

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:** DANIEL GALBUT

VP

10/06/2020

Electronic Signature of Signing Officer/Director Detail

Date