2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2018
Secretary of State
CC9157829348

DOCUMENT# N00000005237

Entity Name: HEBREW HOMES HEALTH NETWORK, INC.

Current Principal Place of Business:

1800 N.E. 168TH STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1800 N.E. 168TH STREET
SUITE 200
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 65-1040936

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOWY, RONALD S.
LOWY AND COOK, P.A.
501 N.E. 1ST AVENUE SUITE 200
MIAMI, FL 33132 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: RONALD S. LOWY 04/30/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN, DIRECTOR, PRESIDENT
Name	RON, LOWY
Address	1800 N.E. 168TH STREET SUITE 200
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR, VP
Name	ROZSANSKY, BEN
Address	1800 N.E. 168TH STREET SUITE 200
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR, SECRETARY, TREASURER
Name	WASSERMAN, MARTY
Address	1800 N.E. 168TH STREET, SUITE 200
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	VP
Name	GALBUT, DANIEL
Address	1800 N.E. 168TH STREET SUITE 200
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	CEO
Name	BLOOM, ELAINE
Address	1800 N.E. 168TH STREET SUITE 200
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: RONALD S. LOWY CHAIRMAN 04/30/2018

Electronic Signature of Signing Officer/Director Detail — Date