

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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:**

ZUBKOFF, WILLIAM  
1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

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

Title PD  
Name ZUBKOFF, WILLIAM  
Address 1800 N.E. 168TH STREET, SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

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

Title SD  
Name BRENT, JOAN  
Address 1800 N.E. 168TH STREET, SUITE 200  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title SD  
Name ECK, WILLIAM  
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:** WILLIAM ZUBKOFF

**PRESIDENT**

**04/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date