

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005247

**Entity Name:** HEBREW HOMES HEALTH NETWORK FOUNDATION, INC.

**FILED**  
**Apr 25, 2019**  
**Secretary of State**  
**6819792785CC**

**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: 65-1040934**

**Certificate of Status Desired: No**

**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**

**04/25/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name MARISA, GALBUT  
Address 2200 BISCAYNE BOULEVARD  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name ABRAHAM, NORMA JEAN  
Address 4891 SW 76 STREET  
City-State-Zip: SOUTH MIAMI FL 33143

Title DIRECTOR  
Name ZWEIG, ILENE  
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: ZWEIG, ILENE**

**DIRECTOR**

**04/25/2019**

Electronic Signature of Signing Officer/Director Detail

Date