I hereby certify that the information indicated on this report or supplemental report is true and accu.	rate 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 exec	cute this report as required by Chapter 617, Flor	ida Statutes; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: ELAINE BLOOM	CEO	04/29/2021

SIGNATI	IRE: FI	BI OOM	

I

Electronic Signature of Signing Officer/Director Detail

NORTH MIAMI BEACH. FL 33162 **Current Mailing Address:**

Entity Name: HEBREW HOMES HEALTH NETWORK FOUNDATION, INC.

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

Current Principal Place of Business:

FEI Number: 65-1040934

16855 NE 2ND AVE UNIT N400

DOCUMENT# N0000005247

Name and Address of Current Registered Agent:

BEN, ROZANSKY 16855 NE 2ND AVE UNIT N400 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: BEN ROZANSKY

Electronic Signature of Registered Agent

Officer/Director Detail :

CEO Title Name BLOOM, ELAINE Address 16855 NE 2ND AVE UNIT N400

City-State-Zip: NMB FL 33162

Certificate of Status Desired: No

04/29/2021 Date

Date

FILED Apr 29, 2021 Secretary of State 4851969634CC