FEI Number: 65-1040934			Certificate of Status Desired: No	
Name and A	Address of Current Registered Ager	nt:		
NORTH MIAMI	LBUT A. AVE UNIT N400 BEACH, FL 33162 US d entity submits this statement for the purpose of cha	nging its registered office or regis	tered agent or both in the State of Florida	
	E: ABRAHAM GALBUT	nging its registered onice of regis		9/24/2021
SIGNATURE				
_			6	
_	Electronic Signature of Registered Agent			Date
Officer/Dire	Electronic Signature of Registered Agent	Title	DIRECTOR	
Officer/Dire	Electronic Signature of Registered Agent	Title Name		
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent ctor Detail : CEO		DIRECTOR ROZSANSKY, BEN 16855 NE 2ND AVENUE	
	Electronic Signature of Registered Agent ctor Detail : CEO FRUHMAN, HARRY	Name	DIRECTOR ROZSANSKY, BEN	

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: HARRY FRUHMAN	CEO	09/24/2021
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Electronic Signature of Signing Officer/Director Detail

FILED Sep 24, 2021 **Secretary of State** 4582734661CC

Date

2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL **REPORT** 

DOCUMENT# N0000005247

Entity Name: HEBREW HOMES HEALTH NETWORK FOUNDATION, 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