

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005247

**Entity Name:** HEBREW HOMES HEALTH NETWORK FOUNDATION, 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:** 65-1040934

**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

02/12/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name ROZSANSKY, BEN  
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:** RONALD S. LOWY

CHAIRMAN

02/12/2015

Electronic Signature of Signing Officer/Director Detail

Date