

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

DOCUMENT# N02000000689

**FILED**  
**Mar 15, 2021**  
**Secretary of State**  
**6976566074CC**

**Entity Name:** FRIENDS OF SIR M. B. DAVIS JEWISH GENERAL HOSPITAL, INC.

**Current Principal Place of Business:**

3755 COTE SAINTE CATHERINE ROAD  
A-107  
MONTREAL, QUEBEC H3T 1E2

**Current Mailing Address:**

3755 COTE-SAINTE-CATHERINE ROAD  
A-107  
MONTREAL, QUEBEC H3T 1E2 CA

**FEI Number: 75-2990161**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPCO, INC.  
901 PONCE DE LEON BLVD.  
10TH FLOOR  
CORAL GABLES, FL 33134 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 DIRECTOR  
Name DERMER, HOWARD  
Address 1300-1 PLACE VILLE MARIE  
City-State-Zip: MONTREAL H3B 0E6

Title TREASURER  
Name STEINBERG, RONNY  
Address 49 GRANVILLE STREET  
City-State-Zip: HAMPSTEAD H3X 3B5

Title DIRECTOR  
Name RUBIN, ALLEN F.  
Address 794 LEXINGTON AVENU  
City-State-Zip: WESTMOUNT QC H3Y 1L1

Title CHAIRMAN  
Name WILTZER, EDWARD  
Address 2 WESTMOUNT SQUARE  
APT. 1005  
City-State-Zip: MONTREAL H3Z 2S4

Title DIRECTOR  
Name WECHSLER, GARY  
Address 145 FINCHLEY STREET  
City-State-Zip: HAMPSTEAD QUEBEC H3X 3A3

Title DIRECTOR  
Name MINZBERG, SAMUEL  
Address 620 SYDENHAM AVENUE  
City-State-Zip: WESTMOUNT QUEBEC H3Y 2Z4

Title SECRETARY  
Name KRAMER, IRWIN MR.  
Address 1485 SHERBROOKE ST. WEST,  
6A  
City-State-Zip: MONTREAL QUEBEC H3G 0A3

Title PRESIDENT  
Name FREEDMAN, BRAM MR.  
Address 3755 CHEMIN DE LA CÔTE-SAINTE-  
CATHERINE  
#A107  
City-State-Zip: MONTRÉAL H3T 1E2

*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: BRAM FREEDMAN**

**PRESIDENT**

**03/15/2021**

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

\_\_\_\_\_  
Date