

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000689

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC4367848264**

**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.  
2699 SOUTH BAYSHORE DRIVE, 7TH  
MIAMI, FL 33133 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            PRESIDENT  
Name            BICK, MYER  
Address        3755 COTE-STE-CATHERINE A107  
City-State-Zip: MONTREAL, QC CANADA H3T-1E2

Title            CHAIRMAN  
Name            DERMER, HOWARD  
Address        515 ROSLYN  
City-State-Zip: WESTMOUNT H3Y 2T6

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

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

Title            SECRETARY  
Name            WILTZER, EDWARD  
Address        2 WESTMOUNT SQUARE  
                  APT. 1005  
City-State-Zip: MONTREAL QUEBEC 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            DIRECTOR  
Name            STOTLAND, BERNARD  
Address        62 BELVEDERE ROAD  
City-State-Zip: WESTMOUNT QUEBEC H3Y 1P8

*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: MYER BICK**

**PRESIDENT**

**01/25/2016**

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

\_\_\_\_\_  
Date