

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000002850

Entity Name: JEWISH FAMILY HOME CARE, INC.

Current Principal Place of Business:

5890 S. PINE ISLAND ROAD,
SUITE 200
DAVIE, FL 33328

Current Mailing Address:

5890 S. PINE ISLAND ROAD,
SUITE 200
DAVIE, FL 33328 US

FEI Number: 47-3467060

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHN, ALAN B
200 E.BROWARD BLVD., SUITE 1800
FT.LAUDERDALE, FL 33301 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 D
Name BRODIE, MICHAEL
Address 5890 S. PINE ISLAND ROAD, SUITE200
City-State-Zip: DAVIE FL 33328

Title D
Name ROSS, SHELDON
Address 5890 S. PINE ISLAND ROAD, SUITE
200
City-State-Zip: DAVIE FL 33328

Title D, CHAIRMAN
Name WISE, SETH
Address 5890 S. PINE ISLAND ROAD, SUITE
200
City-State-Zip: DAVIE FL 33328

Title D
Name SCHWARTZ, SHARON
Address 5890 S. PINE ISLAND ROAD, SUITE
200
City-State-Zip: DAVIE FL 33328

Title D, CEO
Name DUVALL, TERESA
Address 5890 S. PINE ISLAND ROAD, SUITE
200
City-State-Zip: DAVIE FL 33328

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: TERESA D. DUVALL

CEO

02/01/2019

Electronic Signature of Signing Officer/Director Detail

Date