

**2022 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:** Yes

**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	Title	D
Name	BRODIE, MICHAEL	Name	ROSS, SHELDON
Address	5890 S. PINE ISLAND ROAD, SUITE200	Address	5890 S. PINE ISLAND ROAD, SUITE 200
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D	Title	D, CEO, PRESIDENT
Name	SCHWARTZ, SHARON	Name	DUVALL, TERESA
Address	5890 S. PINE ISLAND ROAD, SUITE 200	Address	5890 S. PINE ISLAND ROAD, SUITE 200
City-State-Zip:	DAVIE FL 33328	City-State-Zip:	DAVIE FL 33328
Title	D, CHAIRMAN	Title	DIRECTOR OF FINANCE
Name	JACKMAN, STEPHEN	Name	TRAUB, LEONARD
Address	5890 S. PINE ISLAND ROAD, SUITE 200	Address	5890 S PINE ISLAND RD SUITE 200
City-State-Zip:	DAVIE FL 33328	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 DUVALL

CEO

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date