

2023 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

FILED
Jan 04, 2023
Secretary of State
8364540009CC

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	CFO
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

PRESIDENT & CEO

01/04/2023

Electronic Signature of Signing Officer/Director Detail

Date