

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

DOCUMENT# N15000002850

**Entity Name:** JEWISH FAMILY HOME CARE, INC.**Current Principal Place of Business:**100 S. PINE ISLAND ROAD, SUITE 134  
PLANTATION, FL 33324**Current Mailing Address:**100 S. PINE ISLAND ROAD, SUITE 134  
PLANTATION, FL 33324 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
Name	BRODIE, MICHAEL
Address	100 S. PINE ISLAND ROAD, SUITE 134
City-State-Zip:	PLANTATION FL 33324

Title	D
Name	ROSS, SHELDON
Address	100 S. PINE ISLAND ROAD, SUITE 134
City-State-Zip:	PLANTATION FL 33324

Title	D
Name	WISE, SEITH
Address	100 S. PINE ISLAND ROAD, SUITE 134
City-State-Zip:	PLANTATION FL 33324

Title	D
Name	SCHWARTZ, SHARON
Address	100 S. PINE ISLAND ROAD, SUITE 134
City-State-Zip:	PLANTATION FL 33324

Title	D
Name	DUVALL, TERESA
Address	100 S. PINE ISLAND ROAD, SUITE 134
City-State-Zip:	PLANTATION FL 33324

*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**ADMINISTRATOR****03/09/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date