

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000002850

**FILED**  
**Jan 29, 2020**  
**Secretary of State**  
**8157989104CC**

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

Title D, CHAIRMAN  
Name JACKMAN, STEPHEN  
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 DUVALL

**PRESIDENT & CEO**

**01/29/2020**

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

\_\_\_\_\_  
Date