

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000000177

**Entity Name:** AMERICAN FRIENDS OF MEIR MEDICAL CENTER, INC.

**Current Principal Place of Business:**

20295 NE 29TH PLACE  
SUITE 200  
AVENTURA, FL 33180

**Current Mailing Address:**

20295 NE 29TH PLACE  
SUITE 200  
AVENTURA, FL 33180

**FEI Number:** 81-0658558

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DADE COUNTY CORPORATE AGENTS  
20295 NE 29TH PLACE  
SUITE 200  
AVENTURA, FL 33180 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 P D  
Name PERLOW, JEFFREY M  
Address 20295 NE 29TH PLACE SUITE 200  
City-State-Zip: AVENTURA FL 33180

Title VP D  
Name YEHEZKEL, HAIM  
Address 20295 NE 29TH PLACE SUITE 200  
City-State-Zip: AVENTURA FL 33180

Title TSD  
Name SALVER, ISAAC  
Address 20295 NE 29TH PLACE SUITE 200  
City-State-Zip: AVENTURA FL 33180

*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:** PERLOW, JEFFREY M

PD

03/06/2023

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

\_\_\_\_\_  
Date