

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007286

**Entity Name:** KRITCHMAN FAMILY FOUNDATION, INC.**Current Principal Place of Business:**7040 S.W. 54TH STREET  
MIAMI, FL 33155**Current Mailing Address:**2525 PONCE DE LEON BOULEVARD  
SUITE 600  
CORAL GABLES, FL 33134 US**FEI Number:** 65-0979240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRITCHMAN, WILLIAM  
7040 S.W. 54TH STREET  
MIAMI, FL 33155 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/SC
Name	HELLER, DAN PESQ.
Address	3250 MARY STREET SUITE 102
City-State-Zip:	COCONUT GROVE FL 33133

Title	D
Name	ANZIVINO, KIMBERLY
Address	2525 PONCE DE LEON BOULEVARD SUITE 600
City-State-Zip:	CORAL GABLES FL 33134

Title	D/TR
Name	GOLDSTON, STEVEN
Address	10729 S.W. 104TH STREET
City-State-Zip:	MIAMI FL 33140

Title	D/P
Name	KRITCHMAN, WILLIAM
Address	7040 S.W. 54TH STREET
City-State-Zip:	MIAMI FL 33155

Title	D
Name	WALLACH, HOWARD M.D.
Address	8940 N. KENDALL DR. EAST TOWER STE#300E
City-State-Zip:	MIAMI FL 33176

Title	D
Name	SPEIGEL, HENRI EILEEN
Address	790 W. 49TH STREET
City-State-Zip:	MIAMI BEACH FL 33140

*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: STEVEN GOLDSTON****DIRECTOR****01/21/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date