

F0000000189

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: AMERICAN FRIENDS OF THE BNAI ZION HAIFA MEDICAL CENTER, INC.
(Name of Corporation)

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-01/07/00--01069--005
*****78.75 *****78.75

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

JACK GRUNSPAN

(Name of Person)

AMERICAN FRIENDS BNAI ZION MEDICAL CENTER

(Firm/Company)

4400 N FEDERAL HWY #204

(Address)

BOCA RATON, FL 33431

(City, State and Zip Code)

For further information concerning this matter, please call:

JACK GRUNSPAN

(Name of Person)

at (561) 362 - 9111

Area Code & Daytime Telephone Number

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☒ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**


1. AMERICAN FRIENDS OF THE BNAI ZION HAIFA MEDICAL CENTER, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. NEW YORK
(State or country under the law of which it is incorporated)
3. 13-3082088
(FEI number, if applicable)
4. 7-11-80
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. JANUARY 3, 2000
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 4400 N. FEDERAL Hwy #204
BOCA RATON FL 33431
(Current mailing address)
8. RAISING FUNDS FOR THE BNAI ZION MEDICAL CENTER IN HAIFA, ISRAEL
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

SUZANNE J RUDICK
(Name)
4400 N. FEDERAL Hwy #204
(Office address)
BOCA RATON, Florida, 33431
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other

FILED

JAN -7 PM 5:00

official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: MICHAEL J. LAZAR

Address: 575 PARK AVE #107
NEW YORK, NY 10021

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: ALAN G. HEVESI

Address: 68-10 INGRAM ST
FOREST HILLS, NY 11375

Vice President:

Address:


Secretary: RAYMOND M. PATT

Address: 200 JAY STREET #9C BROOKLYN, NY 11201

Treasurer: HARVEY GOLDFARB

Address: 630 EAST 89TH ST #1B NEW YORK, NY 10128

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

RAYMOND M. PATT, SECTY

(Typed or printed name and capacity of person signing application)

FILED
JAN -7 PM 5:00
CLERK OF STATE
NEW YORK

**State of New York } ss:
Department of State**

I hereby certify, that the certificate of incorporation of AMERICAN FRIENDS OF THE BNAI ZION HAIFA MEDICAL CENTER, INC. was filed on 07/11/1980, under the name of FRIENDS OF THE ROTHSCHILD HOSPITAL, INC., as a Not-for-Profit corporation and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment FRIENDS OF THE ROTHSCHILD HOSPITAL, INC., changing name to AMERICAN FRIENDS OF HAIFA MEDICAL CENTER (ROTHSCHILD), INC., was filed 02/15/1985.

A Certificate of Amendment AMERICAN FRIENDS OF HAIFA MEDICAL CENTER (ROTHSCHILD), INC., changing name to AMERICAN FRIENDS OF THE BNAI ZION HAIFA MEDICAL CENTER, INC., was filed 06/05/1989.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 13th day of December
one thousand nine hundred and
ninety-nine.*

Special Deputy Secretary of State