

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000189

FILED
Apr 30, 2004
Secretary of State

Entity Name: AMERICAN FRIENDS OF THE BNAI ZION HAIFA MEDICAL CENTER, INC.

Current Principal Place of Business:

4400 N. FEDERAL HIGHWAY #204
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4400 N. FEDERAL HIGHWAY #204
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 13-3082088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUDICK, SUZANNE J
4400 N. FEDERAL HIGHWAY #204
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAZAR, MICHAEL J
Address: 575 PARK AVENUE #107
City-St-Zip: NEW YORK, NY 10021

Title: C () Delete
Name: SCHAEFFER, GEORGE W
Address: 612 N MAPLE DRIVE
City-St-Zip: BEVERLY HILLS, CA 90210

Title: S () Delete
Name: PATT, RAYMOND M
Address: 200 JAY STREET #9C
City-St-Zip: BROOKLYN, NY 11201

Title: T () Delete
Name: GOLDFARB, HARVEY
Address: 530 EAST 89TH STREET #1B
City-St-Zip: NEW YORK, NY 10128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL LAZAR

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date