

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000189

FILED  
Feb 25, 2005  
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: RAYMOND M PATT

S

02/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date