

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002271

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: ISRAEL MEDICAL ASSOCIATION OF USA INC.

## Current Principal Place of Business:

2810 INDUSTRIAL PLAZA, STE C  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 13978  
TALLAHASSEE, FL 32317

## New Mailing Address:

FEI Number: 11-2574889

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABRERA, SUSAN  
2810 INDUSTRIAL PLAZA, STE C  
TALLAHASSEE, FL 32301 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: D ( ) Delete  
Name: FINE, JEREMY DR.  
Address: 2080 CENTURY PARK EAST #1609  
City-St-Zip: LOS ANGELES, CA 90067

Title: D ( ) Delete  
Name: TODD, KNOX DR.  
Address: FIRST AVE AT 16TH ST  
City-St-Zip: NEW YORK, NY 10003

Title: D (X) Delete  
Name: BERGER, JEFFREY S DR  
Address: DUMC 31007  
City-St-Zip: DURHAM, NC 27710

Title: D ( ) Delete  
Name: CABRERA, SUSAN  
Address: 2810 INDUSTRIAL PLAZA, STE C  
City-St-Zip: TALLAHASSEE, FL 32301

Title: P ( ) Delete  
Name: BERGER, ABE DR.  
Address: FIRST AVE AT 16TH ST  
City-St-Zip: NEW YORK, NY 10003

Title: VP ( ) Delete  
Name: LEWIS, MICHAEL DR.  
Address: PO BOX 016370  
City-St-Zip: MIAMI, FL 331016370

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: HARAMATI, AVIAD PHD  
Address: 11600 YEATMAN TERRACE  
City-St-Zip: SILVER SPRING, MD 20902

Title: T (X) Change ( ) Addition  
Name: POLANER, DAVID MD  
Address: 51 S DAHLIA ST  
City-St-Zip: DENVER, CO 80246

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

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

Title: IPP (X) Change ( ) Addition  
Name: BERGER, ABE DR.  
Address: FIRST AVE AT 16TH ST  
City-St-Zip: NEW YORK, NY 10003

Title: P (X) Change ( ) Addition  
Name: LEWIS, MICHAEL DR.  
Address: PO BOX 016370  
City-St-Zip: MIAMI, FL 331016370

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN CABRERA

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date