

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005247

FILED  
Apr 20, 2010  
Secretary of State

**Entity Name:** HEBREW HOMES HEALTH NETWORK FOUNDATION, INC.

**Current Principal Place of Business:**

1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

**FEI Number:** 65-1040934

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ZUBKOFF, WILLIAM  
1800 N.E. 168TH STREET  
SUITE 200  
NORTH MIAMI BEACH, FL 33162 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  
Name: GALBUT, RUSSELL  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: PD  
Name: ZUBKOFF, WILLIAM  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: STD  
Name: KALUS, ELLIOT  
Address: 1800 N.E. 168TH STREET, SUITE 200  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

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: WILLIAM ZUBKOFF

PD

04/20/2010

Electronic Signature of Signing Officer or Director

Date