2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2009
Secretary of State

DOCUMENT# N03000008748

Entity Name: THE LEE MILLMAN RESPITE CARE FOUNDATION, INC.

Current Principal Place of Business:

C/O MARILYN REBECCA JACOBS
2161 PALM BEACH LAKES BLVD SUITE 450
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

C/O MARILYN REBECCA JACOBS
2161 PALM BEACH LAKES BLVD SUITE 450
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-0286424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACOBS, MARILYN R
2161 PALM BEACH LAKES BLVD SUITE 450
WEST PALM BEACH, FL 33409 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: LOEWENSTEIN, DAVID DR.
Address: 3985 SW 148TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: GLASS, ETHEL
Address: 620 NE 195TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: JACOBS, MARILYN R
Address: 16 BERMUDA LAKE DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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:

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: MARILYN R. JACOBS DIR 01/10/2009

Electronic Signature of Signing Officer or Director — Date