

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008748

FILED  
Jan 05, 2012  
Secretary of State

**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  
**Name:** LOEWENSTEIN, DAVID DR.  
**Address:** 3985 SW 148TH TERRACE  
**City-St-Zip:** MIRAMAR, FL 33027

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

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

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:** MARILYN JACOBS

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date