



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2014

DR. RAUL ROSENTHAL
2250 NE 201 STREET
MIAMI, FL 33180

SUBJECT: FRIENDS OF THE ZIV MEDICAL CENTER, INC.
Ref. Number: W14000030495

RECEIVED
14 JUN -9 PM 2:43
TALLAHASSEE, FLORIDA

We have received your document for FRIENDS OF THE ZIV MEDICAL CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 114A00010362

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: FRIENDS OF ZIV MEDICAL CENTER, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: RAUL ROSENTHAL
Name (Printed or typed)

2250 NE 201 STREET
Address

MIAMI, FL 33180
City, State & Zip

954-6732004
Daytime Telephone number

RAROFL@AOL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: FRIENDS OF ZIV MEDICAL CENTER, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2250 NE 201 STREET
MIAMI, FL 33180

Mailing address, if different is:

14 JUN 9 11:01 AM '99
SECRETARY OF STATE
CORPORATION DIVISION

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ASSIST THE PROCESS OF UPGRADING THE MEDICAL SERVICES PROVIDED TO THE COMMUNITY OF NORTHERN ISRAEL BY ZIV MEDICAL CENTER THROUGH FUNDRAISING FOR ITS CAPITAL AND EQUIPMENT PROJECTS. ZIV MEDICAL CENTER IS THE ONLY GENERAL HOSPITAL IN THE UPPER GALILEE AND THE NORTHERN GOLAN HEIGHTS, PROVIDING SERVICES FOR 250.000 PEOPLE - JEWS, MUSLIMS, CHRISTIANS AND DRUSE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: FUNDING MEMBERS HAVE VOLUNTEERED AND FUTURE MEMBERS WHO APPLY WILL HAVE TO BE VOTED ON BY THE SITTING MEMBERS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. RAUL ROSENTHAL, PRESIDENT
Address: 2250 NE 201 STREET
MIAMI, FL 33180

Name and Title: IRIS MIZRACHI, SECRETARY
Address: 2780 NE 183 STREET
AVENTURA, FL 33160

Name and Title: GEORGE LOEWENSTEIN CPA, TREAS
Address: 5 HASTINGS AVENUE
WEST PALM BEACH, FL 33417

Name and Title: SIMONA ROSENTHAL, DIRECTOR
Address: 2250 NE 201 STREET
MIAMI, FL 33180

Name and Title: DR. ITZHAK SHASHA, DIRECTOR
Address: 3975 NW 8TH AVENUE
COOPER CITY, FL 33024

Name and Title: MOSHE PITCHON, DIRECTOR
Address: 3300 NE 192 STREET#1507
AVENTURA, FL 33180

Name and Title: GERRY SUTOFSKI, DIRECTOR
Address: 310 WELLINGTON
WEST PALM BEACH 33417

Name and Title: SERGIO YUDOVICZ, DIRECTOR
Address: 20001 NE 21 AVENUE
MIAMI, FL 33180

Name and Title: ALBERTO LEDERMAN VP
Address: 2500 NE 22 AVENUE
MIAMI, FL 33180

Name and Title: DR. STEVEN WEXNER, HON. MEMBER
Address: 8232 CANOPY TERRACE
PARKLAND, FL 33076

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DR. RAUL ROSENTHAL
Address: 2250 NE 201 STREET
MIAMI, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

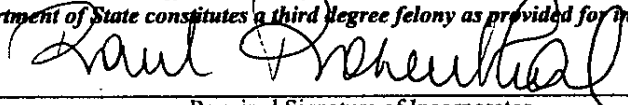
Name: DR. RAUL ROSENTHAL
Address: 2250 NE 201 STREET
MIAMI, FL 33180

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

5/1/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature of Incorporator

6/1/14
Date