

**FILED**  
**Jun 21, 2001 8:00 am**  
**Secretary of State**

06-21-2001 90002 040 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N21745 (7) LK**  
 1. Entity Name  
**FRIENDS OF JERUSALEM COMMUNITY HEALTH CENTERS, INC**

Principal Place of Business Mailing Address  
**2101 CORPORATE CENTER, #107 BOCA RATON, FL 33431** **2101 CORPORATE CENTER #107 BOCA RATON, FL. 33431**

**C0072061**

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State

DO NOT WRITE IN THIS SPACE

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0010385** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**M+W AGENTS, INC.**  
**2101 CORPORATE BLVD.**  
**SUITE 107**  
**BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>PORUSH, ELAINE</b> <b>34/22 AGASSI ST. HAR-NOF</b> <b>JERUSALEM, ISRAEL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>KANTOR, LONNIE</b> <b>3690 N.E. 195 LANE</b> <b>AVENTURA, FL. 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>KANTOR, CHARLES</b> <b>3690 N.E. 195 LANE</b> <b>AVENTURA, FL. 33180</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>PORUSH, NAFTALI</b> <b>34/22 AGASSI ST. HAR-NOF</b> <b>JERUSALEM, ISRAEL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Elaine Porush **ELAINE PORUSH** **JUNE 10, 2001** **011-972-2-6522911**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)