

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21745

FILED
Feb 20, 2004
Secretary of State**Entity Name:** FRIENDS OF JERUSALEM COMMUNITY HEALTH CENTERS, INC.**Current Principal Place of Business:**2101 CORPORATE CENTER
107
BOCA RATON, FL 33431**New Principal Place of Business:****Current Mailing Address:**2101 CORPORATE CENTER
107
BOCA RATON, FL 33431**New Mailing Address:****FEI Number:** 65-0010385**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**M & W AGENTS, INC.
2101 CORPORATE BLVD.
SUITE 107
BOCA RATON, FL 33431 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:** DVP () Delete
Name: KANTOR, LONNIE,
Address: 3690 N.E. 195TH LANE
City-St-Zip: AVENTURA, FL 33180**Title:** DVP () Delete
Name: KANTOR, CHARLES,
Address: 3690 N.E. 195TH LANE
City-St-Zip: AVENTURA, FL 33180**Title:** DS () Delete
Name: PORUSH, NAFTAU
Address: 34/22 AGASSI ST. HAR-NOF
City-St-Zip: JERUSALEM, IS**Title:** DP () Delete
Name: NARLAU, PORUSH
Address: 34122 AGRESS ST HARNOIT
City-St-Zip: JERUSLEM, IS**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLES KANTOR

DVP

02/20/2004

Electronic Signature of Signing Officer or Director

Date