

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21745

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** FRIENDS OF JERUSALEM COMMUNITY HEALTH CENTERS, INC.

**Current Principal Place of Business:**

3690 NE 195TH LANE  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

3690 NE 195TH LANE  
AVENTURA, FL 33180

**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:**

CHARLES KANTOR, ESQ.  
3690 NE 195TH LANE  
AVENTURA, FL 33180 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  
Name: KANTOR, LONNIE  
Address: 3690 N.E. 195TH LANE  
City-St-Zip: AVENTURA, FL 33180

Title: DVP  
Name: KANTOR, CHARLES  
Address: 3690 N.E. 195TH LANE  
City-St-Zip: AVENTURA, FL 33180

Title: DS  
Name: PORUSH, NAFTAULE  
Address: 34/22 AGASSI ST. HAR-NOF  
City-St-Zip: JERUSALEM, IS

Title: DP  
Name: NAFTAULE, PORUSH  
Address: 34122 AGRESS ST HARNOIT  
City-St-Zip: JERUSLEM, IS

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: LONNIE KANTOR

D

04/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date