

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000936

FILED
Mar 07, 2012
Secretary of State

Entity Name: MASADA HOME CARE, INC.

Current Principal Place of Business:

735 NE 125TH ST, STE 202
NORTH MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

735 NE 125TH ST, STE 202
NORTH MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 65-0736904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUVALL, TERESA D
735 NE 125TH STREET, SUITE 202
NORTH MIAMI, FL 33161 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: O
Name: SCHEINBLUM, MIKE
Address: 4200 BISCAYNE BOULEVARD
City-St-Zip: MIAMI, FL 33137

Title: D
Name: GOLDSMITH, SYLVIA L
Address: 735 NE 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D
Name: GOLDFARB, ELA E
Address: 2180 NE 197 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: D
Name: STOCK, FRED
Address: 735 NE 125TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: D
Name: ALTMAN, STUART
Address: 3802 NE 207 ST UNIT 602
City-St-Zip: NO MIAMI BEACH FL, FL 33180

Title: C
Name: SILVERMAN, JUDY
Address: 19553 NE 37 AVENUE
City-St-Zip: AVENTURA, FL 33180

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: JUDY SILVERMAN

CHAI

03/07/2012

Electronic Signature of Signing Officer or Director

Date