

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90237 030 ***558.75

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DOCUMENT # P00000109967

1. Entity Name

JEWISH HEALTH SERVICES OF THE PALM BEACHES, INC.

Principal Place of Business

1300 PARK OF COMMERCE BLVD STE 140
DELRAY BEACH FL 33445

Mailing Address

1300 PARK OF COMMERCE BLVD STE 140
DELRAY BEACH FL 33445

2. Principal Place of Business

1300 PARK OF COMMERCE BLVD

3. Mailing Address

as above

Suite, Apt. #, etc.

140

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

City & State

4. FEI Number

65-1060831

Applied For

Not Applicable

Zip

33435

Country

USA

Zip

Country

5. Certificate of Status Desired

X \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EISINGER, DENNIS J

4000 HOLLYWOOD BLVD STE 265-S
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name

JANE B. SUMEN

Street Address (P.O. Box Number is Not Acceptable)

5950 W. OAKLAND PK BLVD

#809

City

LAUDERHILL

FL

Zip Code

33313

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

JANE B. SUMEN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GERSTLE, MARK	
STREET ADDRESS	19495 BISCAYNE BLVD STE 705	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILNER, DAVID M.D.	
STREET ADDRESS	1100 N.W. 95TH AVE	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROHER, JUDY	
STREET ADDRESS	8100 S.W. 24TH STREET STE 106	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMEN, JANE B	
STREET ADDRESS	5900 OLD OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JANE B. SUMEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane B. Sumen

President

Date

7/24/01

Daytime Phone #

954-485-4006

X 203

CR2E034 (5/01)