

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90310 048 ***150.00

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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
 # 140
 DELRAY BEACH FL 33435**

Mailing Address

**1300 PARK OF COMMERCE BLVD
 # 140
 DELRAY BEACH FL 33435**



2. Principal Place of Business

**1300 NW 17th ST
 Suite, Apt. #, etc.
 # 140**

3. Mailing Address

**1300 NW 17th ST
 Suite, Apt. #, etc.
 # 140**

DO NOT WRITE IN THIS SPACE

City & State
DELRAY Bch, FL

City & State
DELRAY Bch, FL

4. FEI Number

65-1060831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SUMEN, JANE B.
 5950 W OAKLAND PK BLVD.
 # 209
 LAUDERHILL FL 33313**

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

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 ☐ Delete
 NAME **D GERSTLE, MARK**
 STREET ADDRESS **19495 BISCAYNE BLVD STE 705**
 CITY-ST-ZIP **AVENTURA FL 33180**

TITLE ☐ Delete
 NAME **D MILNER, DAVID M.D.**
 STREET ADDRESS **1100 N.W. 95TH AVE**
 CITY-ST-ZIP **PLANTATION FL 33322**

TITLE ☐ Delete
 NAME **D SUMEN, JANE B**
 STREET ADDRESS **5900 OLD OCEAN BLVD.**
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

2/25/02

954-4006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CF2E034 (9/01)