

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90227 025 \*\*\*150.00

0391895  
AV

DOCUMENT # P01000068178

1. Entity Name  
JEWISH SENIOR LIVING OF PALM BEACH, INC.



Principal Place of Business  
1325 N HAVERHILL RD  
WEST PALM BEACH FL 33404  
US

Mailing Address  
1325 N HAVERHILL RD  
WEST PALM BEACH FL 33404  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1132889

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *Sumen, Jane B.*  
Street Address *P.O. Box Number is Not Acceptable*  
*1500 NW 17 Street*  
*#140*  
City *Delray Beach* FL Zip Code *33435*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	D GERSTLE, MARK 19495 BISCAYNE BLVD, STE 705 AVENTURA FL 33180	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	D MILNER, DAVID M.D. 1100 NW 95 AVE PLANTATION FL 33322	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	D SUMEN, JANE B 5900 OLD OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Jane B. Sumen* DATE: *5-1-2003* DAYTIME PHONE #: *561-504-8493*

CR2E034 (10/02)