#### 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. 12/07/2016 SDT

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

SIGNATURE: DONNA FEDORE

Electronic Signature of Signing Officer/Director Detail

### 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N0500001818

Entity Name: THE DORI SLOSBERG FOUNDATION, INC.

# **Current Principal Place of Business:**

7050 WEST PALMETTO PARK ROAD STE 15-215 BOCA RATON, FL 33433

# **Current Mailing Address:**

7050 WEST PALMETTO PARK ROAD STE 15-215 BOCA RATON, FL 33433

# FEI Number: 81-0664148

# Name and Address of Current 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:

HERRON, MARK ESQ. 2618 CENTENNIAL PLACE TALLAHASSEE, FL 32308 US

Electronic Signature of Registered Agent

### **Officer/Director Detail :**

	Title	STD	Title	D
	Name	FEDORE, DONNA	Name	ZELLMAN, GLEN DR
	Address	7050 WEST PALMETTO PK RD STE 15	Address	7301 NORTH UNIVERSITY DRIVE
		-215	City-State-Zip:	TAMARAC FL 33321
	City-State-Zip:	BOCA RATON FL 33433		
	Titlo	D	Title	OFFICER/DIRECTOR
	Title		Title Name	OFFICER/DIRECTOR SLOSBERG, IRVING L
	Title Name	D WALLSHEIN, JAY DR		
			Name	SLOSBERG, IRVING L
	Name	WALLSHEIN, JAY DR	Name	SLOSBERG, IRVING L 7050 WEST PALMETTO PARK ROAD

Certificate of Status Desired: No

FILED Dec 07, 2016 Secretary of State CC3906186940

Date

Date