

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002779

**FILED**  
**Apr 26, 2018**  
**Secretary of State**  
**CC0346137463**

**Entity Name:** HATZALAH OF MIAMI-DADE, INC

**Current Principal Place of Business:**

16101 NE 11TH CT  
N MIAMI BCH, FL 33162

**Current Mailing Address:**

16101 NE 11TH COURT  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 26-2219376

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JAROSLAWICZ, ISAAC M  
1177 KANE CONCOURSE  
SUITE #222  
BAY HARBOR ISLANDS, FL 33154 US

*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

**Officer/Director Detail :**

Title P-D  
Name WEBERMAN, PINCHAS RABBI  
Address 16101 NE 11TH COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title S-T  
Name COHEN, ZALMAN  
Address 16101 NE 11TH COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title D  
Name BAUMANN, KALMAN RABBI  
Address 16101 NE 11TH COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name SANDHAUS, BARUCH  
Address 16101 NE 11TH COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title VP  
Name DAHAN, JOSEPH  
Address 16101 NE 11TH COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR  
Name ROITMAN, ANDRE  
Address 16101 NE 11TH COURT  
City-State-Zip: NORTH MIAMI BEACH FL 33162

*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:** ZALMAN COHEN

**SECRETARY**

**04/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date