

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005545

FILED
Mar 27, 2016
Secretary of State
CC5188915551

Entity Name: FRIENDS OF ZIV MEDICAL CENTER, INC.

Current Principal Place of Business:

2250 NE 201 STREET
MIAMI, FL 33180

Current Mailing Address:

2250 NE 201 STREET
MIAMI, FL 33180

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSENTHAL, RAUL DR.
2250 NE 201 STREET
MIAMI, FL 33180 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
Name PITCHON, MOSHE
Address 3300 NE 192 STREET
1507
City-State-Zip: MIAMI FL 33180

Title T
Name LOEWENSTEIN, GEORGE CPA
Address 5 HASTINGS AVENUE
City-State-Zip: WEST PALM BEACH FL 33417

Title S
Name ROSENTHAL, SIMA
Address 2250 NE 201 STREET
City-State-Zip: MIAMI FL 33180

Title D
Name MIZRACHI, IRIS
Address 2780 NE 183 STREET
City-State-Zip: AVENTURA FL 33160

Title D
Name KOM, ELIZABETH ORIT
Address 20520 NE 19TH AVENUE
City-State-Zip: MIAMI FL 33179

Title DIRECTOR
Name SUTOFSKI, GERRY
Address 310 WELLINGTON
City-State-Zip: WEST PALM BEACH FL 33417

Title VP
Name LEDERMANER, ALBERTO
Address 20500 NE 22ND PLACE
City-State-Zip: MIAMI FL 33180

Title DIRECTOR
Name YUDOVICZ, SERGIO
Address 20001 NE 21 AVENUE
City-State-Zip: MIAMI FL 33180

Continues on page 2

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: SIMA ROSENTHAL

SECRETARY

03/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WEXNER, STEVEN DR
Address 82332 CANOPY TERRACE
City-State-Zip: PARKLAND FL 33076

Title DIRECTOR
Name BEER, MICHAEL E
Address 570 LONGACRE AVE.
City-State-Zip: WOODMERE NY 11598

Title DIRECTOR
Name MADEKWE, ASHLEY
Address 421 S. BEVERLY DRIVE
7TH FLOOR
City-State-Zip: BEVERLY HILLS CA 91212

Title D
Name ZARETSKY, NANCY
Address 11585 NE 22ND DRIVE
City-State-Zip: MIAMI FL 33181

Title DIRECTOR
Name GISER, ALICIA DR.
Address 1830 S. OCEAN DR.
4507
City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR
Name ABSOLON, MATTHEW
Address 6882 W 25TH COURT
City-State-Zip: HIALEAH FL 33016