

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

DOCUMENT# N14000005545

**FILED  
Apr 16, 2018  
Secretary of State  
CC7999900769**

**Entity Name:** FRIENDS OF ZIV MEDICAL CENTER, INC.

**Current Principal Place of Business:**

20533 BISCAYNE BLVD  
996  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD  
996  
AVENTURA, FL 33180 US

**FEI Number:** 47-1194731

**Certificate of Status Desired:** No

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

ABSOLON, MATTHEW  
20533 BISCAYNE BLVD  
996  
AVENTURA, 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:** MATTHEW ABSOLON

04/16/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT

Name PITCHON, MAURICE

Address 3300 NE 192 STREET  
1507

City-State-Zip: MIAMI FL 33180

Title DIRECTOR, SECRETARY

Name GISER, ALICIA DR.

Address 1830 S. OCEAN DR.  
4507

City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR

Name MADEKWE, ASHLEY

Address 421 S. BEVERLY DRIVE  
7TH FLOOR

City-State-Zip: BEVERLY HILLS CA 91212

Title DIRECTOR, TREASURER

Name ABSOLON, MATTHEW

Address 6882 W 25TH COURT

City-State-Zip: HIALEAH FL 33016

*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:** MATTHEW ABSOLON

**DIR/ TRESURER**

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date