

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005206

**Entity Name:** AMERICAN ISRAEL MEDI-PLAN, INC.

**Current Principal Place of Business:**

20533 BISCAYNE BLVD., STE. N202  
AVENTURA, FL 33180

**Current Mailing Address:**

20533 BISCAYNE BLVD., STE. N202  
AVENTURA, FL 33180 US

**FEI Number:** 13-3527081

**Certificate of Status Desired:** No

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

FREIDLIEB, CORINNE  
20533 BISCAYNE BLVD., STE. N202  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LOECHER, GERALD  
Address 20533 BISCAYNE BLVD., STE. N202  
City-State-Zip: AVENTURA FL 33180

Title S  
Name FREIDLIEB, CORRINE  
Address 20533 BISCAYNE BLVD., STE. N202  
City-State-Zip: AVENTURA FL 33180

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GERALD S. LOECHER

**PRES**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date