


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006228

1. Entity Name
BIKUR CHOLIM OF MIAMI BEACH, INC.



Principal Place of Business 16855 NE 2ND AVE SUITE 303 NORTH MIAMI BEACH, FL 33160	Mailing Address 16855 NE 2ND AVE SUITE 303 NORTH MIAMI BEACH, FL 33160
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01072005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0541688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVINE, JACK
16855 N.E. 2ND AVE, STE 303
N MIAMI, FL 33162

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TURETSKY, PAMELA 4574 NAUTILUS DR MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANN LAMET 4601 W MERIDIAN AVE. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PERL, RUTH 4340 N BAY RD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOREN, BARBARA 860 W. 43 CT. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSZ, RIFKA 3427 ROYAL PALM AVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/27/05 9:012-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Goren* Barbara Goren x 1/26/05 x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #