

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 19, 2008 08:00 A
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



03052008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0541688

Applied For
Not Applicable

5. Certificate of Status Desired **\$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

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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, 2008**

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 POB 3032 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROSZ, RIFKA 3427 ROYAL PALM AVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000663383
04/03/08-80088-025 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/08
Date Daytime Phone #