

**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



01072005 No Chg-NP CR2E037 (10/03)

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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 _____
Signature, typed or printed name of registered agent and title if applicable (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 PD
NAME TURETSKY, PAMELA
STREET ADDRESS 4574 NAUTILUS DR
CITY-ST-ZIP MIAMI BEACH, FL

TITLE VPD
NAME ANN LAMET
STREET ADDRESS 4601 W MERIDIAN AVE.
CITY-ST-ZIP MIAMI BEACH, FL

TITLE VPD
NAME PERL, RUTH
STREET ADDRESS 4340 N BAY RD
CITY-ST-ZIP MIAMI BEACH, FL

TITLE TD
NAME GOREN, BARBARA
STREET ADDRESS 860 W. 43 CT.
CITY-ST-ZIP MIAMI BEACH, FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #