

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000006228

**Entity Name:** BIKUR CHOLIM OF MIAMI BEACH, INC.

**Current Principal Place of Business:**

16855 NE 2ND AVE  
SUITE 303  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

16855 NE 2ND AVE  
SUITE 303  
NORTH MIAMI BEACH, FL 33160

**FEI Number: 65-0541688**

**Certificate of Status Desired: No**

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

LEVINE, JACK  
16855 N.E. 2ND AVE, STE 303  
N MIAMI, FL 33162 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 PD  
Name MANASTER, ALICE  
Address 651 W. 47TH ST.  
City-State-Zip: MIAMI BEACH FL 33140

Title SD  
Name LEIBOWITZ, ANN  
Address 4601 W MERIDIAN AVE.  
City-State-Zip: MIAMI BEACH FL

Title VPD  
Name JACOBS, ROBIN  
Address 3605 FLAMINGO DR.  
City-State-Zip: MIAMI BEACH FL 33140

*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: ALICE MANASTER**

**PRESIDENT**

**03/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date