# 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.

PRESIDENT

#### SIGNATURE: ALICE MANASTER

Electronic Signature of Signing Officer/Director Detail

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N9400006228

Entity Name: BIKUR CHOLIM OF MIAMI BEACH, INC.

#### **Current Principal Place of Business:**

3050 BISCAYNE BLVD 302 MIAMI, FL 33137

## **Current Mailing Address:**

3050 BISCAYNE BLVD 302 MIAMI, FL 33137 US

### FEI Number: 65-0541688

### Name and Address of Current Registered Agent:

JACK LEVINE PA 3050 BISCAYNE BLVD 302 MIAMI, FL 33137 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	: JACK LEVINE			03/22/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PD	Title	SD	
Name	MANASTER, ALICE	Name	LEIBOWITZ, ANN	
Address	651 W. 47TH ST.	Address	4601 W MERIDIAN AVE.	
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL	
Title	VPD			
Name	JACOBS, ROBIN			
Address	3605 FLAMINGO DR.			
City-State-Zip:	MIAMI BEACH FL 33140			

Certificate of Status Desired: No

03/22/2017 Date

## FILED Mar 22, 2017 Secretary of State CC2811640433