

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 727539

1. Corporation Name
MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED, INC.

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|--|---|
| Principal Place of Business | Mailing Address |
| Miami Jewish Home & Hospital for the Aged, Inc. | 5200 N.E. 2 Avenue Miami, FL 33137 |

| | |
|---|---|
| 3. Date Incorporated or Qualified 9/25/73 | 3a. Date of Last Report 4/30/97 |
|---|---|

| | |
|--|---|
| 2. Principal Place of Business 21 Miami Jewish Home/Hospital | 2a. Mailing Address 26 5200 N.E. 2 Avenue |
|--|---|

| | |
|---------------------------|---------------------------|
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
|---------------------------|---------------------------|

| | |
|-------------------------------------|--------------------|
| City & State 23 Miami, FL | City & State 28 |
|-------------------------------------|--------------------|

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|------------------------|--------------------------|-----------|---------------|
| Zip 24 33137 | Country 25 USA | Zip 29 | Country 30 |
|------------------------|--------------------------|-----------|---------------|

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|------------------------------------|-------------------------------|
| 4. FEI Number 59-0624414 | Applied For Not Applicable |
|------------------------------------|-------------------------------|

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|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

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| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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9. Name and Address of Current Registered Agent

**Lourdes Boue
c/o Miami Jewish Home & Hospital for the Aged
5200 N.E. 2 Avenue
Miami, FL 33137**

10. Name and Address of New Registered Agent

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|--|
| 81 Name Terry Goodman |
| 82 Street Address (P.O. Box Number is Not Acceptable) 5200 N.E. 2 Avenue |
| 83 200002204722--7 |
| 84 City Miami |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Terry C. Goodman** DATE **5-5-97**

12. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE CFO | <input checked="" type="checkbox"/> DELETE |
| NAME Lourdes Boue | |
| STREET ADDRESS 5200 N.E. 2 Ave. | |
| CITY-ST-ZIP Miami, FL 33137 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---|--|
| 1.1 TITLE Executive Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME Terry Goodman | |
| 1.3 STREET ADDRESS 5200 N.E. 2 Avenue | |
| 1.4 CITY-ST-ZIP Miami, FL 33137 | |
| 2.1 TITLE CEO | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME Seth B. Goldsmith | |
| 2.3 STREET ADDRESS 5200 N.E. 2 Avenue | |
| 2.4 CITY-ST-ZIP Miami, FL 33137 | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an addendum with an address.

SIGNATURE: **Terry C. Goodman** DATE: **5-5-97** DAYTIME PHONE: **(305) 751-8626**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN -6 AM 9:30

CR2E037 (9/96)