

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90174 048 ****70.00

0030275

DOCUMENT # 727539

1. Corporation Name

MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED, INC

447085 - 90174 - 48

Principal Place of Business

5200 NE 2ND AVE
MIAMI FL 33137-2706

Mailing Address

5200 NE 2ND AVE
MIAMI FL 33137-2706



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

09/25/1973

4. FEI Number

59-0624414

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GOODMAN, TERRY
5200 NE 2ND AVE
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name STEPHEN H. CYPEN

82 Street Address (P.O. Box Number is Not Acceptable)

83 825 ARTHUR GODFREY ROAD

84 City MIAMI BEACH FL

85 Zip Code 33130

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☐ DELETE

NAME GREENBERG, LORRAINE
STREET ADDRESS 5500 COLLINS AVE.
CITY-ST-ZIP MIAMI BCH. FL

TITLE TD ☐ DELETE

NAME BARROCAS, ALBERTO
STREET ADDRESS 4730 NORTH 31ST CT
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME BECK, HAROLD
STREET ADDRESS 700 CORAL WAY
CITY-ST-ZIP CORAL GABLES FL

TITLE EXD ☐ DELETE

NAME GOODMAN, TERRY
STREET ADDRESS 5200 N.E. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33137

TITLE CEO ☒ DELETE

NAME GOLDSMITH, SETH B
STREET ADDRESS 5200 N.E. 2ND AVENUE
CITY-ST-ZIP MIAMI FL 33137

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 305-751-862

CR2E037 (1/98)