
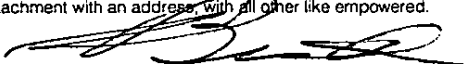


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90026 008 ****70.00

DOCUMENT # 727539 1. Entity Name MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED, INC.					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-0624414				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CYPEN, STEPHEN H 825 ARTHUR GODFREY RD MIAMI BEACH, FL 33130			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD		TITLE		
NAME	GREENBERG, LORRAINE		NAME		
STREET ADDRESS	5500 COLLINS AVE.		STREET ADDRESS		
CITY - ST - ZIP	MIAMI BCH., FL		CITY - ST - ZIP		
TITLE	TD		TITLE	UNGER, ARTHUR	
NAME	BARROCAS, ALBERTO		NAME	1001 BRICKELL WAY DRIVE	
STREET ADDRESS	4730 NORTH 31ST CT		STREET ADDRESS	MIAMI, FL	
CITY - ST - ZIP	MIAMI, FL		CITY - ST - ZIP		
TITLE	PD		TITLE		
NAME	BECK, HAROLD		NAME		
STREET ADDRESS	700 CORAL WAY		STREET ADDRESS		
CITY - ST - ZIP	CORAL GABLES, FL		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. 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 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: 			Harold Beck 3/08/05 305 751 8626		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		