

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727539

FILED
Jan 19, 2006
Secretary of State

Entity Name: MIAMI JEWISH HOME AND HOSPITAL FOR THE AGED, INC.

Current Principal Place of Business:

5200 NE 2ND AVE
MIAMI, FL 331372706

New Principal Place of Business:

Current Mailing Address:

5200 NE 2ND AVE
MIAMI, FL 331372706

New Mailing Address:

FEI Number: 59-0624414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CYPEN, STEPHEN H
825 ARTHUR GODFREY RD
MIAMI BEACH, FL 33130 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: GREENBERG, LORRAINE,
Address: 5500 COLLINS AVE.
City-St-Zip: MIAMI BCH., FL

Title: TD () Delete
Name: UNGER, ARTHUR
Address: 1001 BRICKELL WAY DRIVE
City-St-Zip: MIAMI, FL

Title: PD () Delete
Name: BECK, HAROLD,
Address: 700 CORAL WAY
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: GREENBERG, LORRAINE
Address: 1534 NE QUAYSIDE TERRACE
City-St-Zip: MIAMI, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BECK, HAROLD
Address: 700 CORAL WAY
City-St-Zip: CORAL GABLES, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAROLD BECK

PD

01/19/2006

Electronic Signature of Signing Officer or Director

Date