

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727539

FILED  
Apr 24, 2009  
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:**

CYPEN, STEPHEN H  
777 ARTHUR GODFREY RD  
MIAMI BEACH, FL 33140 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:

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: CYPEN, STEPHEN H  
Address: 777 ARTHUR GODFREY RD  
City-St-Zip: MIAMI, FL 33130

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: CYPEN, STEPHEN H  
Address: 777 ARTHUR GODFREY RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD (X) Change ( ) Addition  
Name: UNGER, ARTHUR  
Address: 1001 BRICKELL WAY DRIVE  
City-St-Zip: MIAMI, FL 33131

Title: PD (X) Change ( ) Addition  
Name: FREIMARK, JEFFREY P  
Address: 5200 NE 2ND AVENUE  
City-St-Zip: MIAMI, FL 33137

I hereby certify that the information supplied with this filing does not qualify 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: HAYDEE PABON

AM

04/24/2009

Electronic Signature of Signing Officer or Director

Date