

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727539

FILED
Mar 18, 2011
Secretary of State

Entity Name: MIAMI JEWISH HEALTH SYSTEMS, 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 ()

Name and Address of Current Registered Agent:

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

Title: VCHR
Name: KATZIN, ALFRED
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: CEOP
Name: FREIMARK, JEFFREY P
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: TCFO
Name: DESMARTEAU, LISA J
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: S
Name: LETTMAN, MARILYN
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

Title: AT
Name: TORRES, MYRIAM
Address: 5200 NE 2ND AVENUE
City-St-Zip: MIAMI, FL 33137

I hereby 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 all other like empowered.

SIGNATURE: HAYDEE PABON

MRS

03/18/2011

Electronic Signature of Signing Officer or Director

Date