2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# N03000008462

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

Current Principal Place of Business:

5200 NE 2ND AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5200 NE 2ND AVE
MIAMI, FL 33137

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 ROAD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

CYPEN, STEPHEN H
777 ARTHUR GODFREY ROAD
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: DT ( ) Delete
Name: BECK, HAROLD
Address: 700 CORAL WAY, UNIT 11
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: CYPEN, HAZEL
Address: 320 W DILIDO DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: DP ( ) Delete
Name: CYPEN, IRVING
Address: 320 W DILIDO DR
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS (X) Delete
Name: CYPEN, STEPHEN H
Address: 777 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DS (X) Change ( ) Addition
Name: CYPEN, STEPHEN H
Address: 777 ARTHUR GODFREY ROAD
City-St-Zip: MIAMI BEACH, FL 33140

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

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