2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

DOCUMENT# N03000008462

Entity Name: MIAMI JEWISH HEALTH SYSTEMS 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: 20-0267158 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LETTMAN, MARILYN
5200 NE 2ND AVE
MIAMI, FL 33137 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: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

Title: D&T
Name: HARTE, SAMUEL
Address: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

Title: D&S
Name: BARROCAS, EDWARD
Address: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

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

Title: D
Name: CYPEN, HAZEL
Address: 5200 NE 2 AVENUE
City-St-Zip: MIAMI, FL 33137

Title: D
Name: KATZIN, ALFRED
Address: 5200 NE 2 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: JEFFREY P. FREIMARK D 03/06/2012

Electronic Signature of Signing Officer or Director — Date