

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000006228

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** BIKUR CHOLIM OF MIAMI BEACH, INC.

**Current Principal Place of Business:**

16855 NE 2ND AVE  
SUITE 303  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16855 NE 2ND AVE  
SUITE 303  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 65-0541688

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, JACK  
16855 N.E. 2ND AVE, STE 303  
N MIAMI, FL 33162 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: PD ( ) Delete  
Name: TURETSKY, PAMELA  
Address: 4574 NAUTILUS DR  
City-St-Zip: MIAMI BEACH, FL

Title: VPD ( ) Delete  
Name: ANN LAMET,  
Address: 4601 W MERIDIAN AVE.  
City-St-Zip: MIAMI BEACH, FL

Title: VPD (X) Delete  
Name: PERL, RUTH  
Address: 4340 N BAY RD  
City-St-Zip: MIAMI BEACH, FL

Title: TD ( ) Delete  
Name: GOREN, BARBARA  
Address: POB 3032  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete  
Name: GROSZ, RIFKA  
Address: 3427 ROYAL PALM AVE  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: BARBARA GOREN

TD

03/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date