

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727539

Entity Name: MIAMI JEWISH HEALTH SYSTEMS, INC.**Current Principal Place of Business:**5200 NE 2ND AVE
MIAMI, FL 33137-2706**Current Mailing Address:**5200 NE 2ND AVE
MIAMI, FL 33137-2706**FEI Number:** 59-0624414**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**FREIMARK, JEFFREY P
5200 NE 2ND AVE
MIAMI, FL 33137-2706 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:** JEFFREY P. FREIMARK

01/29/2013

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title AT
Name KELLEHER, JOHN
Address 5200 NE 2ND AVENUE
City-State-Zip: MIAMI FL 33137

Title ASST. SECRETARY
Name TORRES, LESLIE-MARIE
Address 5200 NE 2ND AVE
City-State-Zip: MIAMI FL 33137-2706

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: LESLIE-MARIE TORRES**ASSISTANT SECRETARY** 01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date