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.

SECRETARY

SIGNATURE: LESLIE-MARIE TORRES

Electronic Signature of Signing Officer/Director Detail

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

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	E JEFFREY P. FREIMARK		-	02/01/2024
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CHAIRMAN	Title	PCEO	
Name	RICHARD, M. JOHN	Name	FREIMARK, JEFFREY P	
Address	5200 NE 2ND AVENUE	Address	5200 NE 2ND AVENUE	
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137	
Title Name Address City-State-Zip:	TREASURER GOLDSMITH, ALAN 5200 NE 2ND AVENUE MIAMI FL 33137	Title Name Address City-State-Zip:	SECRETARY TORRES, LESLIE MARIE 5200 NE 2 AVENUE MIAMI FL 33137	
Title Name Address City-State-Zip:	VC FIELDSTONE, RONALD 5200 NE 2 AVENUE MIAMI FL 33137			

FILED Feb 01, 2024 Secretary of State 1074452178CC

Certificate of Status Desired: Yes

02/01/2024

Date