

**2015 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

03/03/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title VCHR  
Name SOLOWSKY, JAY  
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 TREASURER  
Name KELLEHER, JOHN F  
Address 5200 NE 2ND AVENUE  
City-State-Zip: MIAMI FL 33137

Title SECRETARY  
Name TORRES, LESLIE M  
Address 5200 NE 2 AVENUE  
City-State-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:** LESLIE-MARIE TORRES

**SECRETARY**

03/03/2015

Electronic Signature of Signing Officer/Director Detail

Date