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.

PRESIDENT/CEO

SIGNATURE: JEFFREY FREIMARK

Electronic Signature of Signing Officer/Director Detail

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			09/16/2013
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CHRM	Title	VCHR	
Name	CYPEN, STEPHEN H	Name	KATZIN, ALFRED J.	
Address	777 ARTHUR GODFREY RD	Address	5200 NE 2ND AVENUE	
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI FL 33137	
Title		Title	TREASURER	
Title	PCEO	The		
Name	FREIMARK, JEFFREY P	Name	DESMARTEAU, LISA J	
Address	5200 NE 2ND AVENUE	Address	5200 NE 2ND AVENUE	
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137	

2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

Name and Address of Current Registered Agent:

FREIMARK, JEFFREY P 5200 NE 2ND AVE MIAMI, FL 33137-2706 US **Certificate of Status Desired:** No

FILED

Sep 16, 2013

Secretary of State CC2982576093

Date

09/16/2013