2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#749576

FILED Jan 06, 2004 Secretary of State

Entity Name: TEMPLE SINAI OF PALM BEACH COUNTY, INC.

Current P	rincipal Place	of Business:	New Principal Plac	ce of Business:
	TLANTIC AVE BCH, FL 33445)		
Current Mailing Address:		New Mailing Addr	ess:	
	TLANTIC AVE BCH, FL 33445	,		
FEI Number:	: 59-1883710	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
	SERALD (INGTON ESTA TON, FL 33428	3 US		
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registe	ered office of registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registe	red office of registered agent, or both,
n the State	e of Florida. RE:	ic Signature of Registered Ac		Date
in the State	e of Florida. RE:	ic Signature of Registered Ac	gent	
in the State	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Actor TORS: Delete BERT CROSS LANE	gent	Date
in the State SIGNATUF OFFICER: Title: Name: Address:	e of Florida. RE: Electron S AND DIREC PD () GOODMAN, RO 7554 CHARING DELRAY BEACH	ic Signature of Registered Act TORS: Delete BERT CROSS LANE H, FL 33446 Delete ER D DRIVE	pent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS
in the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Vame: Name: Address:	e of Florida. RE: Electron S AND DIREC* PD () GOODMAN, RO 7554 CHARING DELRAY BEACH EVPD () COWEN, SAND 9 C STRATFOR DELRAY BEACH EVPD () MORTON, SIET	ic Signature of Registered Ag TORS: Delete BERT CROSS LANE H, FL 33446 Delete ER D DRIVE H, FL 33445 Delete TON LANE, APT 208	pent ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GERALD A. PINSKY TD 01/06/2004