NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 25, 2005 8:00 am
Secretary of State
05-25-2005 90003 040 ****61.25

DOCUMENT # 749576

1. Entity Name

TEMPLE SINAI OF PALM BEACH COUNTY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2475 W. Atlantic Ave.	2475 W. ATLANTIC AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Delray Beach, FL 33445	City & State: DELRAY BEACH FL
Zip: 33445 Country:	Zip: 33445 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1883710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 5/23/05
Signature, typed or printed name of registered agent and date, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GOODMAN, ROBERT
STREET ADDRESS	7554 CHARING CROSS LANE
CITY-ST-ZIP	DELRAY BEACH FL 33446
TITLE	EVPD
NAME	COWEN, SANDER
STREET ADDRESS	9 C STRATFORD DRIVE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436
TITLE	EVPD
NAME	SIET, MORTON
STREET ADDRESS	7006 HUNTINGTON LANE, #208
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	
NAME	PINSKY, GERALD - TD
STREET ADDRESS	10030 LEXINGTON ESTATES BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert S Goodman Robert S Goodman 5/20/05 561-276-6164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #