2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State
01-16-2007 90200 039 ****61.25

DOCUMENT # 749576

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

Principal Place of Business	Mailing Address
2475 W ATLANTIC AVE DELRAY BCH, FL 33445	2475 W ATLANTIC AVE DELRAY BCH, FL 33445

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01092007 Chg-NP CR2E037 (12/06)

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

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

6. Name and Address of Current Registered Agent

GOODMAN, ROBERT
7554 CHARING CROSS LN
DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name: ALBERT WAGNER
Street Address (P.O. Box Number is Not Acceptable): 6187 HELICONIA RD
City: DELRAY BEACH FL Zip Code: 33484

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: ALBERT WAGNER 1/10/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOODMAN, ROBERT 7554 CHARING CROSS LANE DELRAY BEACH, FL 33446	☒ Delete	PRESIDENT MARK LONDON 3731 MYKONOS COURT BOCA RATON, FL 33487	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KASKEL, IRA 6137 PETUNIA RD DELRAY BEACH, FL 33484	☒ Delete	TREASURER GERALD A. PINSKY DDS 10030 LEXINGTON ESTATES BLVD BOCA RATON, FL 33428	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD KAUPLAN, JACK 4511 S OCEAN BLVD 507 HIGHLAND BEACH, FL 33487	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD WAGNER, ALBERT 6187 HELICONIA RD DELRAY BEACH, FL 33484	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DDS GERALD A. PINSKY DDS 1/9/07 5612766164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #