2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 749576

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

Current Principal Place of Business:

2475 W ATLANTIC AVE
DELRAY BCH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2475 W ATLANTIC AVE
DELRAY BCH, FL 33445

New Mailing Address:

FEI Number: 59-1883710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SILVER, ROBERT A
6687 LAKE NONA PLACE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: LONDON, MARK
Address: 3731 MYKONDS COURT
City-St-Zip: BOCA RATON, FL 33487

Title: CP ( ) Delete
Name: STERN, DAVID
Address: 2901 S. OCEAN BLVD # 804
City-St-Zip: BOCA RATON, FL 33487

Title: T ( ) Delete
Name: SILVER, ROBERT A
Address: 6687 LAKE NONA PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: EVP ( ) Delete
Name: ADAMS, ERIC
Address: 4260 NW 10TH ST
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: SILVER, ROBERT A
Address: 6687 LAKE NONA PLACE
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROBERT A. SILVER CP 01/06/2009

Electronic Signature of Signing Officer or Director — Date