2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

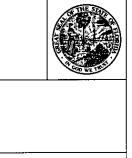
SIGNATUR

SIGNATURE:

DOCUMENT # 749576

1. Entity Name

TEMPLE SINAI OF PALM BEACH COUNTY, INC.



FILED Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90087 024 ****61.25

			%	O VE IV				
Principal Place of Business 2475 W ATLANTIC AVE DELRAY BCH FL 33445		Mailing Address 2475 W ATLANTIC AVE DELRAY BCH FL 33445				18 18(8) 8(11) 18818 81(1 SI	n) n(n) a) a) a) a)	RIBII GIGA IBBI
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
01. 1.01.4		City & State			4. FEI Number 50_1993710 Applied For			
City & State		City & State			4. FEI Number 59-1883710			Not Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 A Fee Requi	
	6. Name and Address of Current R	egistered Agent	1		7. Name and Addr	ess of New Registe	ered Agent	
PINSKY,	CEDALD		Narr				-34	
	XINGTON ESTATES BLVD	Street Address		et Address (s (P.O. Box Number is Not Acceptable)			
	TON FL 33428							
	Û	_	City				FL Zip Co	ode
		the purpose of changing	registered offic	e or register	red agent, or both, in t	he State of Florida.	l am familiar wit	h, and accept
the obligat	ions of registered ager(t.	//MX\///				. /,	1-2-	
CICNATURE	fewel	1/11/2011				1/6	107	
SIGNATURE.	Signature, typed or printed name of registered agent ar	d title if applicable. (NOT	E: Registered Agent s	ignature required	d when reinstating)		ATE	
FILE NOW: FEE IS \$61.25 9. Election Cam Trust Fund Co								
10.	OFFICERS AND DIRI	L ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AN	ID DIRECTORS	IN 10
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition
NAME	GOODMAN, ROBERT		NAME					
STREET ADDRESS CITY-ST-ZIP	7554 CHARING CROSS LANE DELRAY BEACH FL 33446		STREET ADDRE	:55				
TITLE	EVPD	☐ Delete	TITLE				☐ Change	e Addition
NAME	COWEN, SANDER	□ Delete	NAME					
STREET ADDRESS	9 C STRATFORD DRIVE		STREET ADDRE	ESS				
CITY-ST-ZIP	DELRAY-BEACH FL-33445 -	-	- CITY-ST-ZIP					
TITLE	EVPD	☐ Delete	TITLE				Change	e 🔲 Addition
NAME	Morton, Siet 7006 Huntington Lane, apt 20	no	NAME Street Addre	rec				
STREET ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33446	JO	CITY-ST-ZIP	200				
TITLE	TD	☐ Delete	TITLE		•		Chang	e
NAME	PINSKY, GERALD	Delete	NAME					
STREET ADDRESS	10030 LEXINGTON ESTATES BLV	0	STREET ADDRE	ESS				
CITY-ST-ZIP	BOCA RATON FL 33428		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	ŀ			☐ Chang	e 🗌 Addition
NAME			NAME STREET ADDRES					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRI	100				
	<u> </u>	☐ Delete	TITLE				☐ Change	e 🔲 Addition
TITLE NAME		LI Delete	NAME					, L Addition
STREET ADDRESS			STREET ADDRE	ESS				
CITY-ST-ZIP			CITY-ST-ZIP	ŀ				
12. I hereby	certify that the information supplied with	his filing does not qualify fo	or the exemption	stated in Se	ection 119.07(3)(i), Flo	rida Statutes. I furth	er certify that the	e information
of the cor changed,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empoy or on an attachment with an address, w	werea to execute this report ith all other like empowers.	es required by	Chapter 617	7, Florida Statutes; and	that my name appe	ears in Block 10	or Block 11 if