

**2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F15000000987

**Entity Name:** ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, INC.

**Current Principal Place of Business:**

1 GUSTAVE L. LEVY PLACE  
NEW YORK, NY 10029

**Current Mailing Address:**

1 GUSTAVE L. LEVY PLACE  
NEW YORK, NY 10029

**FEI Number:** 13-6171197

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:** MADONNA CUDDIHY, ASSISTANT SECRETARY

03/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCEO  
Name DAVIS, KENNETH  
Address 1 GUSTAVE L. LEVY PLACE  
City-State-Zip: NEW YORK NY 10029

Title EXVP  
Name KLEIN, ARTHUR  
Address 1 GUSTAVE L. LEVY PLACE  
City-State-Zip: NEW YORK NY 10029

Title CFO  
Name NIYUM, GANDHI  
Address 1 GUSTAVE L. LEVY PLACE  
City-State-Zip: NEW YORK NY 10029

Title TEVP  
Name ESSIG, BETH  
Address 1 GUSTAVE L. LEVY PLACE  
City-State-Zip: NEW YORK NY 10029

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NIYUM GANDHI

CFO

03/26/2021

Electronic Signature of Signing Officer/Director Detail

Date