

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

①

1995 MAY -1 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001492254
-05/17/95--01166--024
*****61.25 *****61.25
DO NOT WRITE IN THIS SPACE

DOCUMENT # 710931
1. Corporation Name
MOUNT SINAI MEDICAL CENTER OF GREATER MIAMI, INC.

Principal Place of Business
**4300 Alton Road
Miami Beach, Fl 33140**

Mailing Address
**4300 Alton Road
Miami Beach, Fl 33140**

3. Date Incorporated or Qualified
5/23/66

3a. Date of Last Report
3/9/94

450024424

Applied For
Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**Cutler, A. Budd
4300 Alton Road
Miami Beach, Fl 33140**

10. Name and Address of New Registered Agent

81. Name
Laurence, Jodi B

82. Street Address (P.O. Box Numbers Not Acceptable)
4300 Alton Road

83. **Miami Beach**

84. City

85. Zip Code
FL 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jodi Laurence DATE 4/18/95
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C James W. Orovitz 4300 Alton Road Miami Beach, Fl 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP Fred D. Hirt 4300 Alton Road Miami, Fl 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Stanley I Levine 4300 Alton Road Miami Beach, Fl 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Leonard Jr. Abess 4300 Alton Road Miami, Fl 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC George Simon 4300 Alton Road Miami Beach, Fl 33140
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Larry Hudson 4300 Alton Road Miami Beach, Fl 33140

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	CD Simon, George 4300 Alton Road Miami Beach, Fl 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VC Heatter, Lila D. 4300 Alton Road Miami Beach, Fl 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D Gerson, Gary 4300 Alton Road Miami Beach, Fl 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	D Orovitz, James 4300 Alton Road Miami Beach, Fl 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Pearlman, Arthur 4300 Alton Road Miami Beach, Fl 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	D Shapiro, Edward 4300 Alton Road Miami Beach, Fl 33140 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

2

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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DOCUMENT # 710931
1. Corporation Name

MOUNT SINAI MEDICAL CENTER OF GREATER MIAMI, INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4300 Alton Road
Miami Beach, FL 33140**

Mailing Address
**4300 Alton Road
Miami Beach, FL 33140**

3. Date Incorporated or Qualified **5/23/66** 3a. Date of Last Report **3/9/94**
4. FEI Number **590624424** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Cutler, A. Budd
4300 Alton Road
Miami Beach, FL 33140**

10. Name and Address of New Registered Agent
81 Name **Jodi B. Laurence**
82 Street Address (P.O. Box Number is Not Acceptable) **4300 ALTON ROAD**
83
84 City **Miami Beach** 85 Zip Code **FL 33140**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jodi Laurence DATE **4/13/95**
Signature, typed or printed name of registered agent and title if applicable #NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Goldberg, Barton
1.3 STREET ADDRESS	4300 Alton Road
1.4 CITY - ST - ZIP	Miami Beach, FL 33140
2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pertnoy, Earl
2.3 STREET ADDRESS	4300 Alton Road
2.4 CITY - ST - ZIP	Miami Beach, FL 33140
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	20A
6.3 STREET ADDRESS	5-1-95
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR