


FILE NOW: FILING FEE IS \$61.25

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**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710931 (7)
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
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3. Date Incorporated or Qualified 05/23/1966		
4. FEI Number 59-0624424	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**SERELL, ALYSON R
4300 ALTON RD
MIAMI BCH FL 33140**

10. Name and Address of New Registered Agent

81 Name Alyson R. Osman	
82 Street Address (P.O. Box Number is Not Acceptable) 4300 Alton Road	
83	
84 City Miami Beach, FL	85 Zip Code 33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Alyson R. Osman* DATE **1/12/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PCEO	<input type="checkbox"/> DELETE
NAME HIRT, FRED D	
STREET ADDRESS 4300 ALTON ROAD	
CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE D	<input type="checkbox"/> DELETE
NAME SIMON, GEORGE	
STREET ADDRESS 4300 ALTON RD	
CITY-ST-ZIP MIAMI BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GERSON, GARY	
STREET ADDRESS 4300 ALTON RD	
CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE D	<input type="checkbox"/> DELETE
NAME OROVITZ, JAMES	
STREET ADDRESS 4300 ALTON RD.	
CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE D	<input type="checkbox"/> DELETE
NAME PEARLMAN, ARTHUR	
STREET ADDRESS 4300 ALTON ROAD	
CITY-ST-ZIP MIAMI BEACH FL 33140	
TITLE D	<input type="checkbox"/> DELETE
NAME SHAPIRO, EDWARD	
STREET ADDRESS 4300 ALTON RD.	
CITY-ST-ZIP MIAMI BEACH FL 33140	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Leonard Abess, Jr.	
1.3 STREET ADDRESS 4300 Alton Road	
1.4 CITY-ST-ZIP Miami Beach, FL 33140	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Martin J. Gelb	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **1/12/98** DAYTIME PHONE: **(305) 674-2143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E087 (10/97)