


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90037 023 ****61.25

0030574

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 710931 1. Corporation Name MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC.		
Principal Place of Business 4300 ALTON ROAD MIAMI BEACH FL 33140	Mailing Address 4300 ALTON ROAD MIAMI BEACH FL 33140	



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	26. 4300 Alton Road	05/23/1966
23. City & State	27. Suite, Apt. #, etc.	4. FEI Number
24. Zip	27. Legal Department	59-0624424
25. Country	28. City & State	Applied For
29. Zip	28. Miami Beach, FL	Not Applicable
30. Country	29. 33140	5. Certificate of Status Desired <input type="checkbox"/>
9. Name and Address of Current Registered Agent		\$8.75 Additional Fee Required
OSMAN, ALYSON R. 4300 ALTON ROAD MIAMI BCH FL 33140		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees
		10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PCEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIRT, FRED D	1.2 NAME	Bruce M. Perry
STREET ADDRESS	4300 ALTON ROAD	1.3 STREET ADDRESS	4300 Alton Road
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, GEORGE	2.2 NAME	Leonard L. Abess, Jr.
STREET ADDRESS	4300 ALTON RD	2.3 STREET ADDRESS	4300 Alton Road
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERSON, GARY	3.2 NAME	Martin J. Gelb
STREET ADDRESS	4300 ALTON RD	3.3 STREET ADDRESS	4300 Alton Road
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OROVITZ, JAMES	4.2 NAME	Byron Sparber
STREET ADDRESS	4300 ALTON RD.	4.3 STREET ADDRESS	4300 Alton Road
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEARLMAN, ARTHUR	5.2 NAME	A. Jeffrey Barash
STREET ADDRESS	4300 ALTON ROAD	5.3 STREET ADDRESS	4300 Alton Road
CITY-ST-ZIP	MIAMI BEACH FL 33140	5.4 CITY-ST-ZIP	Miami Beach, FL 33140
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAPIRO, EDWARD	6.2 NAME	Jeffrey A. Gidney
STREET ADDRESS	4300 ALTON RD.	6.3 STREET ADDRESS	4300 Alton Road
CITY-ST-ZIP	MIAMI BEACH FL 33140	6.4 CITY-ST-ZIP	Miami Beach, FL 33140

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Bruce M. Perry SIGNATURE REQUIRED: _____ DATE: 2/1/99 DAYTIME PHONE #: (305) 674-2143

CR2E037 (11/98)