

710931

FILED
00 JUL 12 AM 9:37
TALLAHASSEE, FLORIDA
STATE

Requester's Name
Address
City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. (Corporation Name) (Document #)
2. (Corporation Name) (Document #)
3. (Corporation Name) (Document #) 588883320695--9
-07/12/00--01028--004
****455.00 *****35.00
4. (Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
Not for Profit
Limited Liability
Domestication
Other

RA Change
7-21-00
PJS

AMENDMENTS

- Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS

- Annual Report
Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC.

2. The mailing address of the corporation is: 4300 ALTON ROAD MIAMI BEACH, FLORIDA 33140

3. Date of incorporation/qualification: 5/23/66 Document number: 710931

4. The name and address of the current registered agent and office:
ALYSON R. OSMAN
4300 ALTON ROAD
MIAMI BEACH, FL 33140

FILED
00 JUL 12 AM 9:37
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
PRISCILLA FRIEDLAND
4300 ALTON ROAD
MIAMI BEACH, FL 33140

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Bruce M Perm
(Signature of an officer, chairman or vice chairman of the board)

6/16/00
(Date)

Bruce M Perm
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Priscilla Friedland
(Signature of Registered Agent)

6/15/00
(Date)

If signing on behalf of an entity:
PRISCILLA FRIEDLAND
(Typed or Printed Name)

EXECUTIVE ASSISTANT
(Capacity)

*** FILING FEE: \$35.00 ***