2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State
04-07-2002 90049 021 ****61.25

0023015

DOCUMENT # 710931

1. Entity Name

MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4300 ALTON ROAD MIAMI BEACH FL 33140	4300 ALTON ROAD LEGAL DEPARTMENT MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-0624424 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRIEDLAND, PRISCILLA 4300 ALTON ROAD MIAMI BCH FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO PERRY, BRUCE M 4300 ALTON ROAD MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO STEVEN D. SONENREICH 4300 ALTON ROAD MIAMI BEACH, FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ABESS, LEONARD L JR. 4300 ALTON RD MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN OF THE BOARD MARTIN J. GELB 4300 ALTON ROAD MIAMI BEACH, FL 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GELB, MARTIN J 4300 ALTON RD MIAMI BEACH FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE CHAIRMAN & DIRECTOR ROBERT A. STONE 4300 ALTON ROAD MIAMI BEACH, FL 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPARBER, BYRON 4300 ALTON RD. MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER & DIRECTOR MARK H. HILDEBRANDT 4300 ALTON ROAD MIAMI BEACH, FL 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BARASH, A. JEFFREY 4300 ALTON ROAD MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY & DIRECTOR GEORGE BERGMANN 4300 ALTON ROAD MIAMI BEACH, FL 33140	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIDNEY, JEFFREY A 4300 ALTON RD. MIAMI BEACH FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED STEVEN D. SONENREICH 3/28/02 (305)674-2143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #