

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90080 047 ***150.00

DOCUMENT # 710931 1. Entity Name MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC.					
Principal Place of Business 4300 ALTON ROAD MIAMI BEACH, FL 33140			Mailing Address 4300 ALTON ROAD LEGAL DEPARTMENT MIAMI BEACH, FL 33140		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0624424	
Zip		Country		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SONENREICH, STEVEN D 4300 ALTON ROAD MIAMI BEACH, FL 33140 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRY MENDELSON 4300 ALTON ROAD MIAMI BEACH, FL ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GELB, MARTIN J 4300 ALTON RD MIAMI BEACH, FL 33140 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STONE, ROBERT 4300 ALTON RD. MIAMI BEACH, FL 33140 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HILDEBRANDT, MARK H 4300 ALTON ROAD MIAMI BEACH, FL 33140 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERGMANN, GEORGE 4300 ALTON RD. MIAMI BEACH, FL 33140 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR STEVEN D. SONENREICH			PRESIDENT & CEO Date: 3/4/04 Daytime Phone #: (305) 674-2143		

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03042004 Chg-NP CR2E037 (10/03)