2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# 710931

Entity Name: MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC.

Current Principal Place of Business:

4300 ALTON ROAD
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4300 ALTON ROAD
LEGAL DEPARTMENT
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-0624424 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDLAND, PRISCILLA
4300 ALTON ROAD
MIAMI BCH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	SONENREICH, STEVEN D	
Address:	4300 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	VP	( ) Delete
Name:	JAFFEE, ARNOLD	
Address:	4300 ALTON RD	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	D	( ) Delete
Name:	MENDELSON, LARRY	
Address:	4300 ALTON RD.	
City-St-Zip:	MIAMI BEACH, FL 33140 US	
Title:	TD	( ) Delete
Name:	HILDEBRANDT, MARK H	
Address:	4300 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140 US	
Title:	SD	( ) Delete
Name:	ADLER, MICHAEL	
Address:	4300 ALTON RD.	
City-St-Zip:	MIAMI BEACH, FL 33140	
Title:	CH/D	( ) Delete
Name:	MENDELSON, LAURANS	
Address:	4300 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	MENDEZ, ALEX	
Address:	4300 ALTON RD.	
City-St-Zip:	MIAMI BEACH, FL 33140 US	
Title:	COO	(X) Change ( ) Addition
Name:	PERRY, AMY	
Address:	4300 ALTON ROAD	
City-St-Zip:	MIAMI BEACH, FL 33140 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARNOLD JAFFEE VP 02/22/2007

Electronic Signature of Signing Officer or Director — Date