

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jun 10, 2010
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:**4300 ALTON ROAD
5TH FLOOR, WARNER BUILDING
MIAMI BEACH, FL 33140**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
Name: SONENREICH, STEVEN D
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP
Name: JAFFEE, ARNOLD
Address: 4300 ALTON RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: CFO
Name: MENDEZ, ALEX
Address: 4300 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: COO
Name: PERRY, AMY
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: CH
Name: ADLER, MICHAEL
Address: 4300 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: AMY PERRY

COO

06/10/2010

Electronic Signature of Signing Officer or Director

Date