

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # 737001
1. Corporation Name
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

REVISED ANNUAL REPORT MAY -1 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business
4300 Alton Road
C/O Carlton Harrison
Miami Beach, FL 33140

Mailing Address
4300 Alton Road
C/O Carlton Harrison
Miami Beach, FL 33140

3. Date Incorporated or Qualified
10/08/1978

3a. Date of Last Report
04/22/1994

4. FEI Number
59-1711400

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip Country

25. Zip Country

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

Cutler, A. Budd
Mount Sinai Medical Center
4300 Alton Road
Miami Beach, FL 33140

10. Name and Address of New Registered Agent

81 Name Laurence, Jodi B

82 Street Address (P.O. Box Number is Not Acceptable)
4300 Alton Road

83

84 City Miami Beach FL 85 Zip Code 33140

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Jodi Laurence DATE 4/13/95

12. OFFICERS AND DIRECTORS

TITLE VD
NAME PASKOW, GEOFFREY
STREET ADDRESS 7900 HARBOR ISLAND
CITY-ST-ZIP NORTH BAY VILLAGE, FL

TITLE VD
NAME GELB, MARTIN J.
STREET ADDRESS 300 41 ST STREET
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD
NAME ROSENBLUM, M.D.
STREET ADDRESS 4302 Alton RD #720
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE SD
NAME GOODMAN, JERROLD
STREET ADDRESS 5712 NORTH BAY ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE TO
NAME PERTNOY, EARL
STREET ADDRESS 801 41ST STREET #550
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VP
NAME MARCUS, STEVE E.
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI BEACH, FL 33140

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD Change Addition
1.2 NAME Hirt, Fred D.
1.3 STREET ADDRESS 4300 Alton Road
1.4 CITY-ST-ZIP Miami Beach, FL 33140

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 500001492225
-05/17/95--01166--009
*****61.25 *****61.25
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME SEA
6.3 STREET ADDRESS 5-1-95
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve E. Marcus Ex. V.P. DATE 4/14/95 (305) 674-2347