

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 16 1996 8:00 am
Secretary of State

DOCUMENT # 737001 (8)
1. Corporation Name

Mount Sinai Medical Center Foundation, Inc.

Principal Place of Business: 4300 Alton Road, c/o Carlton Harrison, Miami Beach, FL 33140
Mailing Address: Mount Sinai Medical Center Foundation, Inc., 4300 Alton Road, Miami Beach, FL 33140

3. Date Incorporated or Qualified: 10-08-1976
3a. Date of Last Report: 1-24-95

2. Principal Place of Business (21-23)
2a. Mailing Address (26-28)
24. Zip, 25. Country, 29. Zip, 30. Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name: Carlton Harrison
82 Street Address (P.O. Box Number is Not Acceptable): Mount Sinai Med. Center Foundation
83 4300 Alton Road
84 City: Miami Beach, FL 85 Zip Code: 33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 3-25-96
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	Paskow, Geoffrey	
STREET ADDRESS	7900 Harbor Island	
CITY - ST - ZIP	North Bay Village, FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Salb, Martin J.	
STREET ADDRESS	300 41st Street	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	Rosenbloom, M.D.	
STREET ADDRESS	4302 Alton Road, #720	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	Goodman, Jerrold	
STREET ADDRESS	5/12 North Bay Road	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Pertnov, Earl	
STREET ADDRESS	801 West Street	
CITY - ST - ZIP	Miami Beach, FL 33140	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Marcus, Steve	
STREET ADDRESS	4300 Alton Road	
CITY - ST - ZIP	Miami Beach, FL 33140	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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 119.07(3)(k), 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: [Signature] Steven E. Marcus
Date: 3/29/96 Daytime Phone #: 305-674-2347

CR2E037 (12/95)