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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737001 (8)
1. Corporation Name
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.



Principal Place of Business Mailing Address
4300 ALTON RD C/O CARLTON HARRISON MIAMI BCH FL 33140
4300 ALTON RD C/O CARLTON HARRISON MIAMI BCH FL 33140-2849

3. Date Incorporated or Qualified 10/08/1976
3a. Date of Last Report 04/16/1996

2. Principal Place of Business 21 4300 Alton Road Suite, Apt #, etc 22 C/o Kathy Antieau City & State 23 Miami Beach FL. Zip 24 33140	2a. Mailing Address 26 4300 Alton Road Suite, Apt #, etc 27 C/o Kathy Antieau City & State 28 Miami Beach FL. Zip 29 33140	4. FEI Number 59-1711400 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
HARRISON, CARLTON
C/O MOUNT SINAI MED. CENTER FOUNDATION
4300 ALTON RD.
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name Antieau, Kathy
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 Kathy Antieau, Kathy J. Antieau Director of Finance 1/7/97
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	GELB, MARTIN J.	
STREET ADDRESS	300 41ST STREET	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSENBLUM, M.D.	
STREET ADDRESS	4302 ALTON RD #720	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOODMAN, JERROLD	
STREET ADDRESS	5712 NORTH BAY ROAD	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PERTNOY, EARL	
STREET ADDRESS	801 41ST STREET #550	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE	VP	<input type="checkbox"/> DELETE
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PASKOW, GEOFFREY	
1.3 STREET ADDRESS	3700 NE 201 Street	
1.4 CITY - ST - ZIP	Aventura, FL. 33180	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GELB, MARTIN J.	
2.3 STREET ADDRESS	300 41 Street	
2.4 CITY - ST - ZIP	Miami Beach, FL. 33140	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOODMAN, JERROLD	
4.3 STREET ADDRESS	5712 North Bay Road	
4.4 CITY - ST - ZIP	Miami Beach, FL. 33140	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PERTNOY, EARL	
5.3 STREET ADDRESS	801 41 Street # 202	
5.4 CITY - ST - ZIP	Miami Beach, FL 33140	
6.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MARCUS, STEVE E.	
6.3 STREET ADDRESS	4300 Alton Road	
6.4 CITY - ST - ZIP	Miami Beach, FL. 33140	

14. I do 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 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 checked, or on an attachment with an address.

SIGNATURE: Steve E. Marcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)