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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 737001

1. Corporation Name

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

Principal Place of Business

4300 ALTON ROAD
 C/O KATHY ANITEAU
 MIAMI BEACH FL 33140
 US

Mailing Address

4300 ALTON ROAD
 C/O KATHY ANITEAU
 MIAMI BEACH FL 33140
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/08/1976

4. FEI Number

59-1711400

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ANTIEAU, KATHY
 MOUNT SINAI MEDICAL CENTER FOUNDATION
 4300 ALTON ROAD
 MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBERT A STONE	
STREET ADDRESS	10 EDGEWATER DR #6C	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RONALD W SHANE, M.D.	
STREET ADDRESS	2522 FISHER ISLAND DR	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEYMOUR NASH, M.D.	
STREET ADDRESS	4302 ALTON RD #670	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, JERROLD	
STREET ADDRESS	5712 NORTH BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PERTNOY, EARL	
STREET ADDRESS	801 41ST STREET #550	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MARCUS, STEVE E.	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	George Bergmann	
1.3 STREET ADDRESS	18801 N.E. 21 Avenue	
1.4 CITY-ST-ZIP	North Miami Beach, FL	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jeffrey A. Gidney	
2.3 STREET ADDRESS	11425 N. Bayshore Dr.	
2.4 CITY-ST-ZIP	North Miami, FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE OF KATHY ANITEAU

3/31/99

(305) 674-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)