

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

APPROVED  
AND  
FILED

01 JUN -6 AM 11:15

Principal Place of Business Mailing Address  
 4300 ALTON ROAD 4300 ALTON ROAD  
 MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140

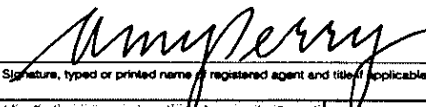
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
 KATHY ANTEAU  
 MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.  
 4300 ALTON ROAD  
 MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent  
 Name AMY PERRY  
 Street Address (P.O. Box Number is Not Acceptable)  
 MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.  
 4300 ALTON ROAD  
 City MIAMI BEACH FL Zip Code 33140

8. 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  DATE 6-5-2001  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:  
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PD	ROBERT A. STONE	<input type="checkbox"/> Delete
STREET ADDRESS	10 EDGEWATER DRIVE #6C	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE T	STUART SISISKY	<input type="checkbox"/> Delete
STREET ADDRESS	6690 WINDSOR LANE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE S	RICHARD C STOKER	<input type="checkbox"/> Delete
STREET ADDRESS	2930 N. ATLANTIC BVD	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE VD	GEORGE BERGMANN	<input type="checkbox"/> Delete
STREET ADDRESS	18801 NE. 21ST AVE.	
CITY-ST-ZIP	N. MIAMI BEACH, FL	
TITLE VD	JEFFREY A. GIDNEY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11425 N. BAYSHORE DRIVE	
CITY-ST-ZIP	N. MIAMI FL	
TITLE V	LORI F. NOSTRAND	<input type="checkbox"/> Delete
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE C	ROBERT A. STONE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10 EDGEWATER DRIVE #6C	
CITY-ST-ZIP	CORAL GABLES, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	400004367000048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE PD	AMY PERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE V	LORI FAGENHOLZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like exemption.

SIGNATURE:  DATE 6/5/2001 DAYTIME PHONE # 305-674-2347  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)