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SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 23 PM 3:18

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT

06-07

DOCUMENT #737001

1. Entity Name
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

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

02202007 REIN-NP CR2E099 (1/07)

2. Principal Place of Business - No P.O. Box # | 3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip | Country

4. FEI Number 59-1711400 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Priscilla Friedland
MOUNT SINAI MEDICAL CENTER FOUNDATION
4300 ALTON ROAD
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE Priscilla Friedland, Registered Agent 2/21/2007
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating. DATE

FILE NOW!! FEE IS $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDIN, BARRY L 6043 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HILDEBRANDT, MARK H 9411 EAST BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WEINBERG, MICHAEL S 9750 BROADVIEW TERRACE BAY HARBOR ISLANDS, FL 33167	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ADLER, MICHAEL M 4540 PINE TREE DRIVE MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~M~~ ~~KAGERHOLZ, LORI E~~ ~~4300 ALTON ROAD~~ ~~MIAMI BEACH, FL 33140~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Exec Dir Michael Milberg 4200 Alton Rd. Miami Beach, FL 33140 ☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Marie Bongiorno 1496 Presidential Way N. Miami Beach, FL 33179 ☐ Change ☑ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered.

SIGNATURE: Michael Milberg Michael Milberg 2/22/07 305-674-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System

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Division of Corporations
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Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

0177.04380

CORPORATION REINSTATEMENT

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

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