

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737001

FILED
Jan 28, 2009
Secretary of State

Entity Name: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

Current Principal Place of Business:

4300 ALTON ROAD
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

4300 ALTON ROAD
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 59-1711400 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDLAND, PRISCILLA
MOUNT SINAI MEDICAL CENTER FOUNDATION
4300 ALTON ROAD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HILDEBRANDT, MARK H
Address: 9411 EAST BROADVIEW DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: S () Delete
Name: WEINBERG, MICHAEL S
Address: 9750 BROADVIEW TERRACE
City-St-Zip: BAY HARBOR ISLANDS, FL 33167

Title: D () Delete
Name: ADLER, MICHAEL M
Address: 4549 PINE TREE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: ED () Delete
Name: MILBERG, MICHAEL
Address: 4300 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33140 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MILBERG

ED

01/28/2009

Electronic Signature of Signing Officer or Director

_____ Date