

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737001

FILED  
Feb 03, 2011  
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  
Name: HILDEBRANDT, MARK H  
Address: 9411 EAST BROADVIEW DRIVE  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL MILBERG

ED

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date