

737001

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200392829402

corp-32

NP # 737001

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

New Corporation     Reincorporation     Amendment (§017.02)

Filed: 10-8-76

By:

*Q* 10-13-76

737001

**MEYER, WEISS, ROSE, ARKIN, SHEPPARD & SHOCKETT, P.A.**

BARON W. HIRSCH MEYER (1899-1974)  
 MILTON WEISS  
 LEO ROSE, JR.  
 L. JULES ARKIN  
 ARTHUR N. SHEPPARD  
 WILLIAM E. SHOCKETT  
 PHYLLIS SHAMPIANER  
 S. HARVEY ZIEGLER  
 A. JEFFREY BARASH TAXATION,  
 ESTATE PLANNING AND ADMINISTRATION  
 RAUL J. A. MARTINEZ-ESTEVE

ATTORNEYS AT LAW  
 FINANCIAL FEDERAL BUILDING  
 MIAMI BEACH, FLORIDA 33139  
 838-2831

FILED  
 Oct 8 9 53 AM '76  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

OCT-57 8 - 16800 \*\*\*\*\*3.00

October 1, 1976

597318  
 SF 10/6

737001

Secretary of State  
 State of Florida  
 Corporation Division  
 Tallahassee, Florida 32304

*OK*

OCT-57 7 - 16700 \*\*\*\*\*5.00  
 OCT-57 12 - 16600 \*\*\*\*\*55.00

Re: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

Gentlemen:

Please file the enclosed Charter. We are enclosing a separate Resident Agent form and two copies of the Charter to be certified.

We are enclosing a check for \$60.00 to cover the filing fee and the cost of two certified copies. We are also enclosing a separate check for \$3.00 for the Resident Agent fee.

Yours very truly,

MEYER, WEISS, ROSE, ARKIN,  
 SHEPPARD & SHOCKETT, P. A.

*Arthur N. Sheppard*  
 Arthur N. Sheppard

ANS:ie

*2/11*

PRIVILEGE TAX	
C. F. F.	
F. F.	50
C. C. F.	10
N. A. F. F.	3
P. C. F.	
SEARCH	
TOTAL	63
BALANCE DUE	

*FF overpaid by \$20.00*

*LD*

RECEIVED  
 Oct 4 9 03 AM 1976  
 DEPARTMENT OF STATE  
 HALL ROOM  
 TALLAHASSEE, FLA.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST--THAT Mount Sinai Medical Center Foundation, Inc.  
(NAME OF CORPORATION)

DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT CITY OF Miami Beach, STATE OF FLORIDA, HAS NAMED Samuel Farber  
(REGISTERED RESIDENT AGENT)

Mount Sinai Medical Center  
LOCATED AT 4300 Alton Road Miami Beach, Florida 33140  
(STREET ADDRESS AND NUMBER OF BUILDING)

CITY OF Miami Beach, STATE OF FLORIDA AS ITS AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

FILED  
OCT 8 9 53 AM '76  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIGNATURE [Signature]  
(CORPORATE OFFICER)

TITLE President

DATE 9-28-76

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE [Signature]

DATE 9-28-76

ARTICLES OF INCORPORATION  
OF  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

- L U  
OCT 8 9 53 AM '76  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I

The name of the Corporation is MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

ARTICLE II

The purposes for which this Corporation is formed are:

To raise funds for Mount Sinai Medical Center of Greater Miami, Inc. to be used for medical, scientific, educational and charitable purposes, including research, investigation and experimentation in such fields, including the advancement of medical education and the improvement of patient care, on behalf of Mount Sinai Medical Center of Greater Miami, Inc. To receive, maintain and administer funds, income and real or tangible or personal property secured by bequests, gifts, donations or otherwise for the aforesaid purposes.

ARTICLE III

The Corporation shall have one class of membership only, which class shall consist of the Board of Directors of the Corporation. The number of Directors shall not be less than fifteen (15) nor more than twenty-one (21). The Board of Directors shall consist of three (3) groups as follows:

- a. Sixty (60%) percent of the total Board of Directors shall be designated by the Board of Trustees of Mount Sinai Medical Center of Greater Miami.
- b. Twenty (20%) percent of the total Board of Directors shall be designated by the Medical Executive Committee of the Medical Staff of Mount Sinai Medical Center of Greater Miami, and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami.
- c. Twenty (20%) percent of the total Board of Directors shall be designated by the Advisory Board of the Founders of Mount Sinai Medical Center of Greater Miami and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami.

In no event shall more than sixty (60%) percent of the members of the Board of Directors be individuals who are also members of the Board of Trustees of Mount Sinai Medical Center of Greater Miami. One-third (1/3rd) of each group of Directors shall be elected for a term of one (1) year; one-third (1/3rd) of each group of Directors shall be elected for a term of two (2) years; and one-third (1/3rd) of each group of Directors shall be elected for a term of three (3) years. A Director may be re-elected for any number of additional terms following the expiration of the initial term of service.

ARTICLE IV

The term for which this Corporation is to exist shall be perpetual.

ARTICLE V

The names and addresses of the subscribers are as follows:

<u>Name</u>	<u>Address</u>
Milton Weiss	401 Lincoln Road Miami Beach, Florida 33139
Bing Kossoff	460 West 84th Street Hialeah, Florida 33014
Max V. Cogen	11 Island Avenue Miami Beach, Florida 33139

ARTICLE VI

The affairs of the Corporation shall be managed by a President, one or more Vice Presidents, a Secretary and a Treasurer. These officers shall be elected annually by the Board of Directors at its annual meeting.

There shall be a full time Executive Director, who shall be a paid employee of the Corporation.

ARTICLE VII

The names of the officers who are to serve until the first election are:

<u>Name</u>	<u>Title</u>
Milton Weiss	President
Edward Shapiro	Vice President
Max V. Cogen	Secretary
Bing Kossoff	Treasurer

ARTICLE VIII

There shall be three (3) persons constituting the first Board of Directors. The names and addresses of the three (3) persons who are to serve as Directors until the first election are:

<u>Name</u>	<u>Address</u>
Milton Weiss	401 Lincoln Road Miami Beach, Florida 33139
Bing Kossoff	460 West 84th Street Hialeah, Florida 33014
Max V. Cogen	11 Island Avenue Miami Beach, Florida 33139

ARTICLE IX

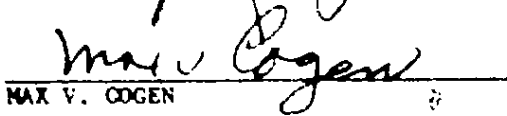
The By-Laws of the Corporation are to be made, altered or rescinded and new By-Laws may be adopted by the Board of Directors.

ARTICLE X

Amendments to the Articles of Incorporation may be proposed and adopted by the Board of Directors.

  
MILTON WEISS

  
BING KOSSOFF

  
MAX V. COGEN

STATE OF FLORIDA )  
COUNTY OF DADE ) ss.:

On this 29th day of September, 1976 personally appeared before me, the undersigned authority, MILTON WEISS, known to me, and to me known to be the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same.

Arthur J. Sheppard  
Notary Public State of Florida at Large

My Commission expires: NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES DEC. 26, 1976  
BONDED THIRD GENERAL INSURANCE UNDERWRITERS

STATE OF FLORIDA )  
COUNTY OF DADE ) ss.:

On this 29 day of Sept, 1976, personally appeared before me, the undersigned authority, BING KOSSOFF, known to me, and to me known to be the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same.

Faye Jucker  
Notary Public State of Florida at Large

My Commission expires:  
NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES APR. 20, 1977  
BONDED THIRD GENERAL INS. UNDERWRITERS

STATE OF FLORIDA )  
COUNTY OF DADE ) ss.:

On this 29 day of Sept, 1976, personally appeared before me, the undersigned authority, MAX W. COGEN, known to me, and to me known to be the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same.

Faye Jucker  
Notary Public State of Florida at Large

My Commission expires:  
NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES APR. 20, 1977  
BONDED THIRD GENERAL INS. UNDERWRITERS



# Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32304

Oct. 12, 1976

BRUCE A. SMATHERS  
SECRETARY OF STATE

Telephone Number:  
904/488-3140

Arthur N. Sheppard, Esquire  
Meyer, Weiss, Rose, Arkin,  
Sheppard & Shockett, P.A.  
Financial Federal Building  
Miami Beach, Florida

CHARTER NUMBER:

SUBJECT: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

This will acknowledge receipt of the following:

- 1. Check in the amount of \$ 63.00
- 2. Articles of Incorporation filed Oct. 8, 1976
- 3. Amendment to Articles of Incorporation filed
- 4. Articles of Merger or Consolidation filed
- 5. Certificate of Withdrawal filed
- 6. Limited Partnership filed
- 7. Trademark Application filed
- 8. Application for qualification filed \_\_\_\_\_ It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
- 9. Reinstatement filed
- 10. Dissolution filed
- 11. Other:

ENCLOSED:

- (2) 1. Certified Copy(ies)
- 2. Certificate(s) Under Seal
- 3. Photocopy(ies)
- 4. Other:

dj

DIVISION OF CORPORATIONS



AMENDMENT

NAME OF CORP: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

AMENDING ARTICLES OF INCORPORATION

DATE FILED: March 11, 1977

CHARTER# 737001

*lc*  
*3/14/77*

737001



BRUCE A. SMATHERS  
SECRETARY OF STATE

Arthue N. Sheppard, Esq.  
Financial Federal Bldg.  
Miami Beach, Fl 33139

## Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32304

March 14<sup>th</sup> 1977

DAVID C. MACNAMARA  
ASSISTANT SECRETARY OF STATE

F. R. RITTER  
DIRECTOR  
DIVISION OF CORPORATIONS

Telephone: 904/488-3140

SUBJECT: AMENDMENT TO ARTICLES  
OF INCORPORATION OF  
MOUNT SINAI MEDICAL  
CENTER FOUNDATION, INC.

Charter Number: 737001

This will acknowledge receipt of the following:

1.  Check in the amount of \$ 30.00
2.  Articles of Incorporation.
3.  Amendment to Articles of Incorporation files. March 11, 1977
4.  Articles of Merger or Consolidation filed.
5.  Certificate of Withdrawal filed.
6.  Limited Partnership filed.
7.  Trademark Application filed.
8.  Application for qualification filed \_\_\_\_\_. It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
9.  Reinstatement filed.
10.  Dissolution filed.
11.  OTHER:

### ENCLOSED:

1.  Certified Copy(ies).
2.  Certificate(s) Under Seal.
3.  Photocopy(ies).
4.  OTHER:

ba

Amend

**MEYER WEISS, ROSE, ARKIN, SHEPPARD & SHOCKETT, P.A.**

BARON & HIRSCH MEYER (1899-1974)  
MILTON WEISS  
LEO ROSE, JR.  
L. JULES ARKIN  
ARTHUR N. SHEPPARD  
WILLIAM E. SHOCKETT  
PHYLLIS SHANPANIEN  
S. HARVEY SIEGLER  
A. JEFFREY SARASH TAKAYON,  
ESTATE PLANNING AND ADMINISTRATION  
RAUL J. A. MARTINEZ-ESTEVE

ATTORNEYS AT LAW  
FINANCIAL FEDERAL BUILDING  
MIAMI BEACH, FLORIDA 33509  
530-2831

FILED

MAR 11 4 44 PM '77

STATE  
TALLAHASSEE, FLORIDA

February 25, 1977

Secretary of State  
State of Florida  
Corporations Division  
Tallahassee, Florida 32304

FFR 28-77 20  
FFR 28-77 20  
\*15.0  
\*15.0

RECEIVED  
9 03 AM 1977  
DEPARTMENT OF STATE  
CORPORATION  
TALLAHASSEE, FLA.

Re: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.  
Charter No. 737001

Gentlemen:

This corporation was filed in your office on October 8, 1976.

We are enclosing herewith an amended Articles of Incorporation, together with a Certified copy of a Corporate Resolution pursuant to Florida Statute 617.02.

We are enclosing herewith our check in the amount of \$30.00, representing the filing fee for the amendment of \$15.00 together with \$15.00 for three Certified copies.

The original Registered Agent form is to remain in effect.

Yours very truly,

MEYER, WEISS, ROSE, ARKIN,  
SHEPPARD & SHOCKETT, P. A.

*Arthur N. Sheppard*  
Arthur N. Sheppard

ANS:1e

PRIVILEGE TAX	
C. TAX	
FILING	15
C. COPY	15
R. A. FEE	
P. COPY	
SEARCH	
TOTAL	30
BALANCE DUE	

*Tel*



# Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32304

FILED

MAR 11 4 46 PM '77

DIVISION OF CORPORATIONS  
CHARTER SECTION

BRUCE A. SWATHERS  
SECRETARY OF STATE

March 4, 1977

Telephone Number:  
904/488-2675

Arthur N. Sheppard, Esquire  
Financial Fed. Bldg.  
Miami Beach, Fla. 33139

SUBJECT: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

Returned  , Pending \_\_\_\_\_ . Check acknowledged \$30.00

1. \_\_\_\_\_ NAME IS NOT AVAILABLE.
2. \_\_\_\_\_ BALANCE DUE:
3. \_\_\_\_\_ The president or vice president must sign and their signature must be acknowledged.
4. \_\_\_\_\_ The secretary or assistant secretary must sign.
5. \_\_\_\_\_ A list of officers and directors with addresses must be included.
6. \_\_\_\_\_ Notary public's acknowledgement is incomplete.
7. \_\_\_\_\_ The date of adoption by the shareholders must be included.
8. \_\_\_\_\_ The effective date cannot be prior to the date filed in this office unless it clearly states "for accounting purposes only".
9. \_\_\_\_\_ The attached corporation report must be completed and returned.
10. \_\_\_\_\_ Two sets of documents must be submitted, both containing original signatures.
11. \_\_\_\_\_ The document must include a statement that all debts, obligations and liabilities of the corporation have been paid or discharged.
12. \_\_\_\_\_ The document must include a statement that all remaining property and assets of the corporation have been distributed among its shareholders or that no property remained for distribution.
13. \_\_\_\_\_ The document must include a statement that there are no actions pending against the corporation in any court.
14. \_\_\_\_\_ A copy of the written consent of all shareholders must be submitted, together with a statement that all shareholders have signed the consent to dissolve.
15.  The actual document must be entitled "Amended Articles of Incorporation." Also, please delete the phrase, "until the first election" from Article VII.

**MEYER, WEISS, ROSE, ARKIN, SHEPPARD & SHOCKETT, P.A.**

BARON & HIRSCH MEYER (1888-1974)  
WILTON WEISS  
LEO ROSE, JR.  
L. JULES ARKIN  
ARTHUR N. SHEPPARD  
WILLIAM E. SHOCKETT  
PHYLLIS SHAMPANIER  
D. HARVEY ZIEGLER  
A. JEFFREY BARASH (TAXATION)  
ESTATE PLANNING AND ADMINISTRATION  
RAUL J. A. MARTINEZ-ESTEVE

ATTORNEYS AT LAW  
FINANCIAL FEDERAL BUILDING  
MIAMI BEACH, FLORIDA 33139  
538-2831

March 7, 1977

Secretary of State  
State of Florida  
Corporations Division  
Tallahassee, Florida 32304

Re: Mount Sinai Medical Center Foundation, Inc.

Gentlemen:

We are returning herewith the original and three copies with the corrections requested in your letter of March 4th.

Please send us three Certified copies as requested in our letter of February 25th.

Yours very truly,

MEYER, WEISS, ROSE, ARKIN,  
SHEPPARD & SHOCKETT, P. A.

*Arthur N. Sheppard*  
Arthur N. Sheppard

ANS:le

FILED  
MAR 11 4 40 PM '77  
TALLAHASSEE, FLORIDA

RECEIVED  
MAR 11 1977  
CORPORATIONS DIVISION  
TALLAHASSEE, FLORIDA


CERTIFIED COPY OF RESOLUTION

FILED  
MAR 11 4 46 PM '77  
NOTARY PUBLIC  
STATE OF FLORIDA

"RESOLVED, that the Articles of Incorporation of Mount Sinai Medical Center Foundation, Inc. be amended and that the Articles of Incorporation attached hereto be, and the same are hereby adopted as the Amended Articles of Incorporation of MOUNT SINAI MEDICAL CENTER FOUNDATION, INC. to be filed with the Secretary of State of the State of Florida.

\_\_\_\_\_

I, ALETHA GIFFORD, Assistant Secretary of MOUNT SINAI MEDICAL CENTER FOUNDATION, INC., a Florida corporation not for profit, hereby certify that the above and foregoing is a true and correct copy of a Resolution adopted at a regular meeting of the Board of Directors of said Corporation held on the 23rd day of February, 1977, at which a quorum was present and that the attached Amended Articles of Incorporation is a true and correct copy of the Amended Articles of Incorporation approved and adopted by said Board of Directors at said meeting at which a quorum was present.

  
Aletha Gifford, Assistant Secretary

(corporate seal)

SWORN TO and subscribed before me this 24th day of February, 1977, at Miami Beach, Dade County, Florida

  
Notary Public State of Florida

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES DEC. 26 1980  
BONDED THROUGH GENERAL INS. UNDERWRITERS

AMENDED  
ARTICLES OF INCORPORATION

OF

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.,  
A CORPORATION NOT FOR PROFIT

FILED  
MAR 11 4 44 PM '77  
CLERK OF THE COURT  
STATE OF FLORIDA

ARTICLE I

The name of the corporation is MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

ARTICLE II

The purposes for which this corporation is formed are:

This corporation is organized and shall be operated exclusively for the purposes described in Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of future United States Internal Revenue Law) and specifically for the purpose of acquiring funds from individuals, firms, foundations, associations, corporations, governmental bodies and all segments of the public in general, by active solicitation, through inter vivos gifts, bequests, devises or otherwise, and utilization of such funds, for the lessening of the burdens of governments, to improve the delivery of health care at Mount Sinai Medical Center of Greater Miami by supporting teaching and training programs in health care, encouraging clinical investigation and research programs, and the dissemination of knowledge concerning the best and most efficacious methods of health care; for the care and support of medical and surgical treatment at Mount Sinai Medical Center of Greater Miami, without regard to race, color, creed, religion, sex, national origin or age; to instruct and train suitable persons in the duties of medicine and nursing, and otherwise attending the sick; and for maintenance, construction, repair, equipping and furnishing Mount Sinai Medical Center of Greater Miami.

ARTICLE III

The corporation shall have one class of membership only, which class shall consist of the Board of Directors of the corporation. The number of Directors shall not be less than fifteen (15). The maximum number of Directors shall be set forth in the corporate Bylaws. The Board of Directors shall consist of three (3) groups as follows:

- a. Sixty (60%) percent of the total Board of Directors shall be designated by the Board of Trustees of Mount Sinai Medical Center of Greater Miami,
- b. Twenty (20%) of the total Board of Directors shall be designated by the Medical Executive Committee of the Medical Staff of Mount Sinai Medical Center of Greater Miami, and shall be persons other than the Trustees of Mount Sinai Medical Center of Greater Miami,
- c. Twenty (20%) percent of the total Board of Directors shall be designated by the Advisory Board of the Founders of Mount Sinai Medical Center of Greater Miami and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami,

In no event shall more than sixty (60%) percent of the members of the Board of Directors be individuals who are also members of the Board of Trustees of Mount Sinai Medical Center of Greater Miami. One-third (1/3) of each group of Directors shall be elected for a term of one (1) year; one-third (1/3) of each group of Directors shall be elected for a term of two (2) years; and one-third (1/3) of each group of Directors shall be elected for a term of three (3) years. A Director may be re-elected for any number of additional terms following the expiration of the initial term of service.

ARTICLE IV

The term for which this corporation is to exist shall be perpetual.

ARTICLE V

The names and addresses of the subscribers are as follows:

<u>Name</u>	<u>Address</u>
Milton Weiss	401 Lincoln Road Miami Beach, Florida 33139
Bing Kossoff	460 West 84th Street Hialeah, Florida 33014
Max V. Cogen	11 Island Avenue Miami Beach, Florida 33139

ARTICLE VI

The affairs of the corporation shall be managed by the President, one or more Vice Presidents, a Secretary and a Treasurer. These officers shall be elected annually by the Board of Directors at such time and place as may be specified in the Bylaws.

There shall be a full time Executive Director, who shall be a paid employee of the corporation.

ARTICLE VII

The names of the officers are:

<u>Name</u>	<u>Title</u>
Samuel Gertner	President
Bing Kossoff	Vice President
Max V. Cogen	Vice President
Samuel Farber	Treasurer
Dr. Arkadi M. Rywlin	Secretary
Aletha Gifford	Assistant Secretary

ARTICLE VIII

There shall be three (3) persons constituting the first Board of Directors. The names and addresses of the three (3) persons who are to serve as Directors until the first election are:

<u>Name</u>	<u>Address</u>
Milton Weiss	401 Lincoln Road Miami Beach, Florida 33139
Bing Kossoff	460 West 84th Street Hialeah, Florida 33014
Max V. Cogen	11 Island Avenue Miami Beach, Florida 33139

ARTICLE IX

The Bylaws of the corporation are to be made, altered or rescinded and new Bylaws may be adopted by the Board of Directors.


ARTICLE X


Amendments to the Articles of Incorporation may be proposed and adopted by the Board of Directors.

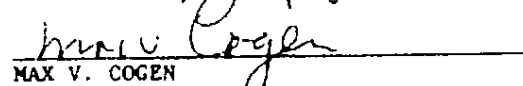


ARTICLE XI

Upon the dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the corporation, transfer all of the assets of the corporation to Mount Sinai Medical Center of Greater Miami to be used for the purposes expressed in Article II herein.


  
MILTON WEISS

  
BING KOSSOFF

  
MAX V. COGEN

STATE OF FLORIDA)  
COUNTY OF DADE ) ss:

On this 24th day of February, 1977 personally appeared before me, the undersigned authority, MILTON WEISS, known to me, and to me known to be the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same.

  
Notary Public State of Florida at Large

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES DEC. 26 1980  
BONDED BY GENERAL INV. UNDERWRITERS

STATE OF FLORIDA)  
COUNTY OF DADE ) ss:

On this 24th day of February, 1977, personally appeared before me, the undersigned authority, BING KOSSOFF, known to me, and to me known to be the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same.

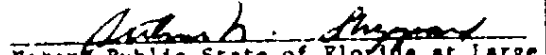
  
Notary Public State of Florida at Large

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES DEC. 26 1980  
BONDED BY GENERAL INV. UNDERWRITERS

STATE OF FLORIDA)  
COUNTY OF DADE ) ss:

On this 24th day of February, 1977, personally appeared before me, the undersigned authority, MAX V. COGEN, known to me, and to me known to be the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same.

  
Notary Public State of Florida at Large

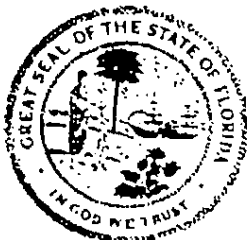
My commission expires:

NOTARY PUBLIC STATE OF FLORIDA AT LARGE  
MY COMMISSION EXPIRES DEC. 26 1980  
BONDED BY GENERAL INV. UNDERWRITERS

# STATE OF FLORIDA

DEPARTMENT OF STATE • DIVISION OF CORPORATIONS

I certify that the following is a true and correct copy of  
Certificate of Amendment to Certificate of Incorporation  
of MOUNT SINAI MEDICAL CENTER FOUNDATION, INC., a  
corporation organized under the laws of the State of  
Florida, filed on the 11th day of March, 1977, as shown  
by the records of this office.



GIVEN under my hand and the Great  
Seal of the State of Florida, at  
Tallahassee, the Capital, this the  
14th day of March  
19 77.

*Burr C. Smith*

SECRETARY OF STATE

# 737001

AMENDMENT

005	1459	3/25/80	7370.1	09
			15.00	
005	1459	3/25/80		
	26		5.00	09

LOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

FILED: 3/7/80

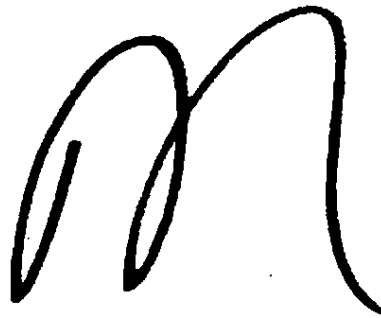
amending ARTICLE II

CHARTER #737001

CHARTER TAX STAMP

C. TAX	.....
FILED	15.00
E. AGENT FEE	.....
G. COPY	5.00
TOTAL	20.00
H. BARN	.....
I. BALANCE DUE	.....
J. REFUND	.....

9/13/80





# Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32304

GEORGE FIRESTONE  
SECRETARY OF STATE

D. W. McKinnon, Director  
DIVISION OF CORPORATIONS

Sol Popper  
4300 Alton Road  
Miami Beach, Fl 33140

March 11, 1980

Dear Sir:

SUBJECT: AMENDMENT TO: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

DOCUMENT NUMBER: 737001

This will acknowledge receipt of the following:

1. xx Check(s) totalling \$20.00
  2. \_\_\_\_\_ Articles of Incorporation filed
  3. xx Amendments to Articles of Incorporation filed 3/7/80
  4. \_\_\_\_\_ Articles of Merger or Consolidation filed
  5. \_\_\_\_\_ Certificate of Withdrawal filed
  6. \_\_\_\_\_ Limited Partnership filed
  7. \_\_\_\_\_ Limited Partnership Annual Report filed
  8. \_\_\_\_\_ Trademark Application filed
  9. \_\_\_\_\_ Application for qualification filed \_\_\_\_\_. It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
  10. \_\_\_\_\_ Reinstatement filed
  11. \_\_\_\_\_ Articles of Dissolution filed
  12. xx OTHER: Amending its ARTICLE II
- ENCLOSED:
1. xx Certified Copy(ies).
  2. \_\_\_\_\_ Certificate(s) Under Seal.
  3. \_\_\_\_\_ Photocopy(ies).
  4. \_\_\_\_\_ OTHER:

FLORIDA -- STATE OF THE ARTS

DIVISION OF CORPORATIONS

NAME SOL POPPER

ADDRESS 4300 ALTOV RD.

CITY MIRIAM BEACH STATE FLA ZIP CODE 33146

AREA CODE & PHONE NUMBER 305-674-7777

NAME OF CORPORATION MOUNT SINAI MEDICAL CENTER FOUNDATION INC

FOR OFFICE USE ONLY

<input type="checkbox"/> DOMESTIC	<input checked="" type="checkbox"/> AMENDMENT	<input type="checkbox"/> SEARCH
<input type="checkbox"/> FOREIGN	<input type="checkbox"/> DISSOLUTION	<input type="checkbox"/> MERGER
<input type="checkbox"/> PROFIT	<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> MARK
<input checked="" type="checkbox"/> NON-PROFIT	<input type="checkbox"/> ANNUAL REPORT	<input type="checkbox"/> RESERVATION
<input type="checkbox"/> LIMITED PARTNERSHIP	<input type="checkbox"/> CERTIFICATE UNDER SEAL	<input checked="" type="checkbox"/> CERTIFIED COPY

C. TAX \_\_\_\_\_  
 FILING 15.00  
 R. AGENT \_\_\_\_\_  
 C. COPY 15.00  
 TOTAL 30.00  
 N. BANK \_\_\_\_\_  
 BALANCE DUE 10.00  
 REFUND \_\_\_\_\_  
 PHOTO COPY \_\_\_\_\_

BK  
L.H.

RECEIVED  
MAY 7 9 43 AM '80

RECEIVED  
MAY 7 9 43 AM '80  
PICKED UP

AMENDMENT TO THE ARTICLES OF INCORPORATION OF  
MT. SINAI MEDICAL CENTER FOUNDATION, INC.

FILED  
JAN 7 9 43 AM '88  
CLERK OF DEPT  
OF REVENUE  
MIAMI, FLORIDA

In accordance with Article X of the Articles of Incorporation of Mt. Sinai Medical Center Foundation, Inc., Article II is hereby amended deleting the existing Article II in its entirety and substituting in lieu thereof the following new Article II:

"ARTICLE II

The purposes for which this Corporation is formed is for those purposes described in Section 501(c)(3) of the Internal Revenue Code of 1954 (as may be amended from time to time) and, in connection with furthering said purposes, to:

(a) Accept, hold, invest, reinvest, and administer any gifts, bequests, devises, benefits of trust, trusteeships and property of any sort, without limitation as to amount or value, from individuals, firms, foundations, associations, corporations, governmental bodies and all segments of the public in general, by active solicitation, through inter-vivos gifts, bequests, devises, or otherwise and to use, disburse, or donate the income or principal thereof for exclusively the purposes described in the aforesaid Section 501(c)(3).

(b) Give, convey, or assign any of its property outright, or upon lawful terms regarding the use thereof, to other organizations, provided that:

(1) Such organizations shall be organized and operated exclusively for one or more of the following purposes: To improve the delivery of health care at Mt. Sinai Medical Center of Greater Miami by supporting teaching and training programs and health care; encouraging clinical investigation and research programs; and the dissemination of knowledge concerning the best and most efficacious methods of health care; for the care and support of medical and surgical treatment at Mt. Sinai Medical Center of Greater Miami, without regard to race, color, creed, religion, sex, national origin or age; to instruct and train suitable persons in the duties of medicine and nursing, and otherwise attending the sick; for maintenance, construction, repair, equipping and furnishing Mt. Sinai Medical Center of Greater Miami, so long as said organization

continues its qualification as a Section 501(c)(3) organization; or are such other organizations defined in Section 170(b)(1)(A) to which contributions by individuals would be eligible for the 50% limitation and which are organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or to foster national or international amateur sports competition (but only if no part of its activities involve the provision of athletic facilities or equipment), or for the prevention of cruelty to children or animals;

(2) Transfers of property to such organizations shall, to the extent then permitted under the statutes of the United States government, be exempt from gift, succession, inheritance, estate, or death taxes (by whatever name called) imposed by the United States government; and

(3) Such organizations shall, to the extent then permitted under the statutes of the United States government, be exempt from income taxes imposed by the United States government.

(c) Do any and all lawful acts and things which may be necessary, useful, suitable or proper for the furtherance, accomplishment, or attainment of any or all of the purposes or powers of the Corporation, either alone or in cooperation with other persons or organizations."

As thus amended, the Articles of Incorporation of the Mt. Sinai Medical Center Foundation, Inc. were ratified, confirmed, and approved by a resolution, adopted at a special meeting of the Board of Directors of said corporation held on the 4th day of March, 1980, at which a quorum was present including the undersigned, who is the assistant secretary of Mt. Sinai Medical Center Foundation, Inc.

*Leon H. Manheimer*

LEON MANHEIMER, M.D.

SECRETARY OF STATE  
FLORIDA  
MAR 7 9 AM '80  
FILED

# 737001

REINSTATEMENT

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

FILED BY: Sol Popper  
Miami, Fl

DATE DISS. 12/1/77

DATE FILED: 3/7/80

CHARTER #737001

Filed & Paid its 1977, 78, 79 & 80  
A.R.'s

Fee in hold change of EST	5.00
Reinstatement Filing Fee	5.00
72 Proviso Tax 7778	20.00
73 Annual Report Filing Fee	20.00
Total	50.00
Refund	

R56196

CB  
4-14-80  
DWR  
4-2-80





Secretary of State

STATE OF FLORIDA
THE CAPITOL
TALLAHASSEE 32304

GEORGE FIRESTONE
SECRETARY OF STATE

D. W. McKinnon, Director
DIVISION OF CORPORATIONS

Sol Wopper
4369 Alton Road
Miami Beach, FL 33140

March 11, 1980

Dear Sir:

SUBJECT: MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

DOCUMENT NUMBER: 737001

This will acknowledge receipt of the following:

- 1. ~~xx~~ Check(s) totalling \$ 58.00
2. Articles of Incorporation filed
3. Amendments to Articles of Incorporation filed
4. Articles of Merger or Consolidation filed
5. Certificate of Withdrawal filed
6. Limited Partnership filed
7. Limited Partnership Annual Report filed
8. Trademark Application filed
9. Application for qualification filed. It is no longer required to issue a permit. A certificate under seal to this effect may be obtained for \$5.
10. ~~xx~~ Reinstatement filed 3/7/80
11. Articles of Dissolution filed
12. ~~xx~~ OTHER: Filed & Paid its 1977, 78 79 & 80 Annual reports & Change of Registered Agent
ENCLOSED:
1. Certified Copy(ies).
2. Certificate(s) Under Seal.
3. Photocopy(ies).
4. OTHER:

FLORIDA -- STATE OF THE ARTS

FORM 100
REV. 1-77

LA/RE

DIVISION OF CORPORATIONS

*SOL POPPER*

NAME MT. SINAI MEDICAL CENTER FOUNDATION, INC  
 ADDRESS 4300 ALTON RD.  
 CITY MIAMI BEACH STATE FLA ZIP CODE 33140  
 AREA CODE & PHONE NUMBER 305 674-2777  
 NAME OF CORPORATION \_\_\_\_\_

FOR OFFICE USE ONLY

_____ DOMESTIC	_____ AMENDMENT	_____ SEARCH
_____ FOREIGN	_____ DISSOLUTION	_____ MERGER
_____ PROFIT	<input checked="" type="checkbox"/> REINSTATEMENT	_____ MARK
_____ NON-PROFIT	_____ ANNUAL REPORT	_____ RESERVATION
_____ LIMITED PARTNERSHIP	_____ CERTIFICATE UNDER SEAL	_____ CERTIFIED COPY


Fee in Dep	
15.00	
77.75	90.00
	55.00

C. TAX	_____
FILING	_____
P. AGENT	_____
C. COPY	_____
TOTAL	_____
H. W/ER	_____
PAYABLE ONE	_____
RECEIVED	_____
EXCISE COPY	_____

RECEIVED  
 JUN 19 9 47 AM '80  
 STATE OF FLORIDA  
 C.K.  
 PA

256196  
 Wal. 8 20  
 Tlu  
 C. Macmillan

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

<p><b>CORPORATION ANNUAL REPORT</b></p> <p style="text-align: center;"></p> <p style="text-align: center;"><b>1980</b></p> <p style="text-align: center;">THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE</p>	<p>FLORIDA DEPARTMENT OF STATE George Firestone Secretary of State DIVISION OF CORPORATIONS</p>	<p style="text-align: right;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center;">MAY 7 3 45 PM '80</p>
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**READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES**  
PLEASE STAPLE CHECK TO ANNUAL REPORT

<p>1. Name and Address of Corporation Principal Office</p> <p style="text-align: center;">MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.</p> <p style="font-size: small;">If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code</p>	<p>2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient.</p> <p>Street Address 4300 ALTON ROAD</p> <p>P.O. Box No.</p> <p>City MIAMI BEACH,</p> <p>State FLORIDA</p> <p>Zip Code 33140</p>
--	---

<p>3. Date Incorporated or Qualified To Do Business in Florida 1/7/76</p>	<p>4. Federal Employer Identification Number (FEIN) 59-1711-400</p>	<p>5. Date of Last Report</p>
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6. Names and Street Addresses of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
Gary R. Gerson	Pres.	666 71st Street	Miami Beach, Fla. 33141
H. Jerome Joseph	V.P.	5660 Collins Av.	" " " 33140
Louis Harris	V.P.	11 Island Av.	" " " 33139
Carl Kovens	V.P.	1301 Dade Blvd.	" " " 33139
W. James Orovitz	V.P.	6400 S.W. 120th St., N.	Miami, Fla. 33156
Arthur Pearlman	V.P.	4005 E. 10th Ct.	Hialeah, Fla. 33013
Samuel Farber	Treas.	5233 Alton Road	Miami Beach, Fla. 33040
Stephen Cypen	Asst. Treas.	825 Arthur Godfrey Rd.	Miami Beach, Fla. 33140
Akadi Rywin, M.D.	Secy.	4300 Alton Road	" " " "
Ted Saffian	Dir.	4300 Alton Road	" " " "
Lyona Manheimer, M.D.	Asst. Secy.	1630 Meridian Av.	" " " 33139

7. Registered Agent Information

Name  
Samuel Farber

Street Address (Do NOT Use P.O. Box Number)  
5233 Alton Road

City, State and Zip Code  
Miami Beach, Fla. 33140

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3

8. See signature restrictions under instructions on reverse side of this form.

I Certify that I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. I further Certify that I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath

<p>Typical Name of Signing Officer SAMUEL FARBEN</p> <p>Signature <i>Samuel Farber</i></p>	<p>Title TREASURER</p>	<p>Telephone Number 674 2777</p> <p>Date 3/7/80</p>
--	----------------------------	---

DO NOT WRITE IN THIS SPACE

Date 3-7-80



# Secretary of State

STATE OF FLORIDA  
THE CAPITOL  
TALLAHASSEE 32304

## CERTIFICATE CHANGING REGISTERED AGENT OR REGISTERED OFFICE FOR SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA.

In compliance with Chapter 607.037, Florida Statutes, the following is submitted:

First--That MOUNT SINAI MEDICAL CENTER FOUNDATION

with its principal place of business at 4300 Alton Road

Miami Beach, State of Florida,  
(City) (State)

has named Samuel Farber,  
(Registered Agent)

located at 4300 Alton Road,  
(Street Address and Number of building, Post Office Box Addresses are not acceptable)

City of Miami Beach, State of Florida.

The street address of the registered office and the street address of the business office of the registered agent, as changed, are identical.

The Board of Directors authorized the above change.

SIGNATURE [Signature]  
(President or Vice-President)

DATE 7/20/80

SIGNATURE [Signature]  
(Registered Agent)

DATE 7/20/80

FILING FEE: \$3.00

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE  
George Frawstone  
Secretary of State  
DIVISION OF CORPORATIONS

**1981**

THIS REPORT MUST BE ACCOMPANIED BY A \$10 FEE

FILED  
MAY 19 1981  
TALLAHASSEE, FLORIDA

← READ NOTICE AND INSTRUCTIONS ON OTHER SIDE BEFORE MAKING ENTRIES →  
PLEASE STAPLE CHECK TO ANNUAL REPORT

1 Name and Address of Corporation Principal Officer

737001  
MOUNT SINAI MEDICAL CENTER FOUNDATION,  
C/O ARKADI RYMLIN, M.D.  
1100 ALTON ROAD  
MIAMI BEACH, FLORIDA 33140

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

2 Enter Change of Address of Corporation Principal Officer, P.O. Box Number Alone is NOT Sufficient

Street Address  
P.O. Box No  
City  
State Zip Code

4 Date Incorporated or Qualified to Do Business in Florida

10/08/1976

3 Federal Employer Identification Number (FEIN)

59-171,400

5 Date of Last Report

1980

6 Names and Street Addresses of Each Officer and Director

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
GERSON, GARY R.	P/O	566 71ST STREET	MIAMI BEACH, FL
JOSEPH, M. JEROME	V	5660 COLLINS AVE.	MIAMI BEACH, FL
HARRIS, LOUIS	V	11 ISLAND AVE.	MIAMI BEACH, FL
KOVENS, CAL	V	1301 DADE BLVD.	MIAMI BEACH, FL
PROVITZ, R. JAMES	V	6900 S.W. 120TH ST.	MIAMI, FL
FARBER, SAMUEL	V	5233 ALTON ROAD	MIAMI BEACH, FL

Registered Agent Information

FARBER, SAMUEL

7841 Beechfern Circle

Tamarac

MIAMI BEACH, FLORIDA 33321

To change the Registered Agent and/or Registered Office a separate statement signed by the new Registered Agent and executed by the President or Vice President of the corporation must be filed with a fee of \$3

See signature restrictions under instructions on reverse side of this form

I Certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 687 F.S. I further Certify that My Signature on This Report Shall Have the Same Legal Effects as if Made Under Oath

Name of Signatory Officer  
Gary R. Gerson

Title  
President

Telephone Number  
(305) 674-2777

Date  
1/14/81

Dec 5-14-81

of State. Failure to file this  
may filed if they have not.



FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State

RECEIVED  
DEC 19 7 57 AM '80  
607  
Telephone Number:  
904/488-9840

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is Mount Sinai Medical Center Foundation

SECOND: The address of its present registered office is c/o Mr. Samuel Farber  
5233 Alton Road, Miami Beach, FL 33140

THIRD: The address to which its registered office is to be changed is c/o Samuel Farber  
7841 Beechfern Circle, Tamarac, FL 33321

FOURTH: The name of its present registered agent is Samuel Farber

FIFTH: The name of its successor registered agent is Samuel Farber

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated 12/10, 1980

# 737001

(exact corporate name)

Dec 6-11-81

SIGNATURE [Signature]  
(President or Vice-President)

FILING FEE: \$3.00

DATE \_\_\_\_\_

SIGNATURE [Signature]  
(Registered Agent)

DATE \_\_\_\_\_

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT

1982



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
FEB 4 5 31 PM '82

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

737001  
MOUNT SINAI MEDICAL CENTER FOUNDATION,  
C/O ARKADI RYBLIN, M.D.  
4300 ALTON ROAD  
MIAMI BEACH, FLORIDA 33140

2 State or Foreign Address of Corporation  
Under P.O. Box Number Address NOT Sufficient

Street Address

P.O. Box No.

City

State

Zip Code

10/08/1976

57-1711400

05/14/1981

GERSON, GARY R.  
JOSEPH, H. JEROME  
HARRIS, LOUIS  
KOVENS, CAL  
DROVITZ, W. JAMES  
FARBER, SAMUEL

P/O  
V  
V  
V  
V  
T  
666 71ST STREET  
5660 COLLINS AVE.  
33 ISLAND AVE.  
1301 DADE BLVD.  
6400 S.W. 120TH ST.  
5723 ALTON ROAD  
7841 Beechfern Circle

MIAMI BEACH, FL  
MIAMI BEACH, FL  
MIAMI BEACH, FL  
MIAMI BEACH, FL  
MIAMI, FL  
MIAMI BEACH, FL  
Tamarac, FL 33321

Registered Agent Information

FARBER, SAMUEL  
7841 BEECHFERN CIRCLE  
TAMARAC, FL 33321

33321

\$2.00 additional fee required for Registered Agent changes.

January 13, 1982

Samuel Farber

Treasurer

1-721-4669

Requester's Name  
 Requester's Address  
 City State ZIP Phone #  
 CORPORATION(S) NAME

*Luiz Barreira*  
 501 Sinai Medical Center Foundation  
 Altam Road  
 Jacksonville Fla 32210 674-3777  
 Sinai Medical Center  
 Foundation, Inc. 73700

VALIDATION ONLY

DEC 12 1982  
 COUNTY OF DADE  
 MIAMI, FLORIDA

005 7596 12/20/82  
 005 7596 12/20/82  
 005 7596 12/20/82

PROFIT  
 NON PROFIT  
 FOREIGN  
 LIMITED PARTNERSHIP  
 REINSTATEMENT  
 CERTIFIED COPY  
 LEAVE IN

AMENDMENT  
 DISSOLUTION  
 PHOTO COPIES  
 WILL WAIT  
 PICK UP  
 MAIL OUT  
 CALL  
 AFTER 4:00

MERGER  
 MARK  
 RESERVATION  
 OTHER  
 CERTIFICATE UNDER SEAL

Name  
 Availability  
 Department  
 Examining  
 Date  
 Acknowledgment  
 M.P. No. four

*12-17-82*  
*12/17*

COUNTER TAX STAMP

G. TAX \_\_\_\_\_  
 FILING 15  
 R. AGENT FEE \_\_\_\_\_  
 C. COPY 2  
 TOTAL 20  
 H. BANK \_\_\_\_\_  
 BALANCE \_\_\_\_\_  
 REFUND \_\_\_\_\_

*NO. 7115*  
*LV*  
*P12/9/82*



AMENDMENT TO THE ARTICLES OF INCORPORATION OF  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

DEC 5 8 35 PM '81

In accordance with Article X of the Articles of Incorporation of Mount Sinai Medical Center Foundation, Inc., Article III is hereby amended by deleting the existing Article III in its entirety and substituting in lieu thereof the following new Article III:

ARTICLE III

The Corporation shall have one class of membership only, which class shall consist of the Board of Directors of the Corporation. The number of Directors shall not be less than fifteen (15), nor more than fifty (50). The Board of Directors shall consist of four (4) groups as follows:

(a) No more than twenty-one (21) members of the total Board of Directors shall be designated by the Board of Trustees of Mount Sinai Medical Center of Greater Miami.

(b) No more than twenty-one (21) members of the total Board of Directors shall be designated by the Advisory Board of the Founders of the Mount Sinai Medical Center of Greater Miami and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami.

(c) Four (4) members from the Board of Directors shall be designated by the Medical Executive Committee of the Medical Staff of Mount Sinai Medical Center of Greater Miami and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami.

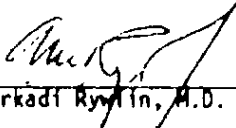
(d) Four (4) members from the Board of Directors shall be designated by the Young Presidents Club of Mount Sinai Medical Center of Greater Miami and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami.


In no event shall more than forty-two (42%) percent of the members of the Board of Directors be individuals who are also members of the Board of Trustees of Mount Sinai Medical Center of Greater Miami or of the Advisory Board of the Founders of Mount Sinai Medical Center of Greater Miami. One-third (1/3) of each group of Directors shall be elected for a term of one (1) year; one third (1/3) of each group of Directors shall be elected for a term of

two (2) years; and one-third (1/3) of each group of Directors shall be elected for a term of three (3) years. A Director may be reelected for any number of additional terms following the expiration of the initial term of service.

As thus amended, the Articles of Incorporation of the Mount Sinai Medical Center Foundation, Inc. were ratified, confirmed and approved by a resolution adopted at a special meeting of the Board of Directors of said corporation held on the 12th day of May, 1982, at which a quorum was present, including the undersigned, who is Secretary of Mount Sinai Medical Center Foundation, Inc.

*Sandra J. Goble*  
Notary Public

  
Arkadi Rymkin, M.D.

  
Edward Shapiro  
President

LEHIGH COUNTY OFFICE OF REGISTRAR  
1400 BROADWAY, SUITE 1000, PHILADELPHIA, PA. 19102  
610-526-1000

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

OFFICERS - BOARD OF DIRECTORS

MAY 12, 1982

DEC 5 8 30 AM '82

President ----- Edward ~~Sapir~~ <sup>Supra</sup>  
 Vice President ----- Samuel ~~Murray~~ <sup>Murray</sup> <sup>FLORIDA</sup>  
 Vice President ----- George Bergmann  
 Vice President ----- Murray Candib  
 Vice President ----- Ted Finkel  
 Vice President ----- Gary Gerson  
 Vice President ----- H. Jerome Joseph  
 Treasurer ----- Samuel Farber  
 Assistant Treasurer ----- Stephen Cypen  
 Secretary ----- Arkadi Ryvlin, M.D.  
 Assistant Secretary ----- Lou Harris

Executive Director ----- Ted Safian  
 Associate Director ----- Arnold Pfeffer

Acess, Leonard L.	P.O. Box 550, Hallandale, 33009	949-3117
Adler, Samuel	7875 N.W. 12th Street, Miami, 33126	592-9555
Barash, Jeffrey	407 Lincoln Road, Miami Beach, 33139	538-2300
Bergmann, George	1000 Hiatus Road, Pembroke Pines	621-2241
Elaustein, Arnold (MD)	333 Arthur Godfrey Road, MB, 33140	531-0441
Eraman, Norman	2044 Biscayne Blvd, Miami, 33137	576-6311
Candib, Murray	1736 West 28th Street, MB, 33140	672-5841
Ceridi, Jacobo	25 S.E. 2nd Avenue, Ste. 300, M, 33131	371-6441
Cohen, Ollie	1800 N.E. 114th St., #1710, NM, 33181	893-6861
Cooperman, Sidney	10245 Collins Ave., Bal Harbour, 33154	854-1011
Cypen, Stephen	825 Arthur Godfrey Rd., MB, 33140	532-4721
Farber, Samuel	MSMC, Ascher Bldg., MB, 33140	674-2331
Finkel, Ted	7600 Red Road, Miami, 33143	655-6981
Frost, Phillip (MD)	MSMC, 4300 Alton Rd, MB, 33140	674-2771
Gelb, Martin	300 Arthur Godfrey Road, MB, 33140	672-5301
Gerson, Gary	666 71st Street, MB, 33141	858-3571
Goldberg, Barton	301 Arthur Godfrey Rd., MB, 33140	534-8341
Gordon, Elaine (Rep.)	11866 West Dixie Hwy., NM, 33161	855-1021
Gruber, Jacob	1 Palm Bay Court, Miami, 33138	756-0431
Harris, Lou	11 Island Ave., #1801, MB, 33139	534-9575
Harris, Mel	235 Lakeside Circle, Ft. Laud., 33326	945-0771
Harris, Sidney	10205 Collins Ave., #1705, Bal Harb, 33154	804-7441
Heatter, Lila	11 E. Rivo Alto Dr., MB, 33139	538-5101
Jacobson, Robert	5151 Collins Ave., MB, 33140	864-1631
Joseph, H. Jerome	5660 Collins Ave., MB, 33140	855-8161
Justiniani, Federico (MD)	MSMC, Med. Ed., 4300 Alton Rd, MB, 33140	674-2242
Kaplan, Sherman (MD)	333 Arthur Godfrey Rd., MB, 33140	538-5504
Koven, Morry	16 Island Ave., #2-F, MB, 33139	531-5361
Kraver, Samuel	10155 Collins Ave., #1101, Bal Harb, 33154	865-5661
Krutel, Fred	935 Arthur Godfrey Rd, MB, 33140	537-4401

Lietowitz, Leonard	11 Island Ave., #901, MB, 33139	544
Mannheimer, Leon (MD)	1680 Meridian Ave., MB, 33139	531
Mayer, Polly deHirsch	5255 Collins Ave., MB, 33140	475
Nuss, Stephen	5151 Collins Ave., MB, 33140	554
Nash, Seymour (MD)	1688 Meridian Ave., #707, MB, 33139	531
Orovitz, W. James	6400 S.W. 120th St., Miami, 33156	665
Resnick, James	1228 Alton Rd., MB, 33139	473
Rosenbloom, Fred (MD)	1688 Meridian Ave., MB, 33139	534
Rywin, Arkadi (MD)	MSMC, Laboratory, MB, 33140	676
Shapiro, Edward	443 Ocean Blvd., Golden Bch, 33160	335
Simon, George	801 Arthur Godfrey Rd., Ste 600, MB, 33139	674
Soloff, Samuel	5500 Collins Ave., #502, MB, 33140	661
Viamonte, Manuel, Jr (MD)	MSMC, Radiology, MB, 33140	674
Weiss, Charles, (MD)	MSMC, Ortho & Rehab, MB, 33140	671
Zinn, Dave	P.O. Box 69-4700, Miami, 33169	658

Ex-Officio Members

Cal Kovens, President, MSMC	1301 Dade Blvd., MB, 33139	673
Arthur Pearlman, Chairman of the Board, MSMC	4095 East 10th Ct., Hialeah, 33013	845
Helene Zoretzky, President, Women's Cancer League	5848 N. Bay Rd., MB, 33139	631
Alice Ruby, President, MSMC Auxiliary	1255 West Ave., MB, 33139	672

DUE DATE ON OR AFTER JANUARY 1 AND ON OR BEFORE JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
**1983**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED  
MAR 15 9 59 AM 1983

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: Secretary of STATE, TAMPA, FLORIDA

737003  
MOUNT SINAI MEDICAL CENTER FOUNDATION,  
C/O ARKADI RYMLIN, M.D.  
4300 ALTON ROAD  
MIAMI BEACH, FLORIDA 33140

1. Enter Change of Address of Corporation Principal Office - P.O. Box Number, Address, NOT full name  
2. Enter Change of Address of Registered Agent  
3. Enter Change of Name of Corporation  
4. Enter Change of Name of Registered Agent

Effective Date of Change: 30/08/1976  
Filing Number: 59-1733400  
Date of Last Report: 02/04/1982

Name of Director	Address	City and State
SHAPIRO, EDWARD	P/O 443 OCEAN BLVD	GOLDEN BEACH, FL
ADLER, SAMUEL	V/O 7875 NW 32TH ST	MIAMI, FL
BERGMANN, GEORGE	V/O 3000 HIATUS RD	PEMBROKE PINES, FL
CANDIB, MURRAY	V/O 3736 WEST 28TH ST	MIAMI BEACH, FL
RYMLIN, ARKADI, M.D.	S/B MSMC LABORATORY	MIAMI BEACH, FL
FARBER, SAMUEL	T/O MSMC ASCHER BLDG	MIAMI BEACH, FL
RYMLIN, ARKADI, M.D.	S/B MSMC LABORATORY	MIAMI BEACH, FL

Registered Agent Information

FARBER, SAMUEL  
7841 BEECHFERN CIRCLE  
TAMARAC, FL 33329

\$5.00 additional fee required for Registered Agent changes.

Samuel Farber

Treasurer

305 671 2777

1-14-83

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
**1984**



DEPARTMENT OF STATE  
George Firestone  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

FEB 21 1 49 PM 1984

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$10 Required — Make Checks Payable To: **SECRETARY OF STATE**

1 Name and Address of Corporation Principal Office

737001  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC  
C/O ARKADI RYMLIN, M.D.  
4300 ALTON ROAD  
MIAMI BEACH, FLORIDA 33140

2 Enter Change of Address of Corporation Principal Office P.O. Box Number, Address NOT Sufficient

Street Address Mount Sinai Medical Center Foundation, Inc  
P.O. Box No C/O Sol Popper  
4300 Alton Road  
City Miami Beach, Florida 33140  
State FL Zip Code 33140

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3 Date incorporated or Qualified To Do Business in Florida 10/08/1976 4 Federal Employer Identification Number EIN 59-1711400 5 Date of Last Report 03/16/1983

6 Names and Street Addresses of Each Officer and Director as of December 31, 1983

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State	Zip Code
SHAPIRO, EDWARD	P/D	443 OCEAN BLVD	GOLDEN BCH, FL	33009
ADLER, SAMUEL	V/D	7875 NW 12TH ST	MIAMI, FL	33150
GERGMANN, GEORGE	V/D	1000 HIATUS RD	PEMBROKE PINES, FL	33008
FARBER, SAMUEL	V/D	MSMC ASCHER BLDG	MIAMI BCH, FL	33139
CANDIB, MURRAY	V/D	1736 W 26TH ST	MIAMI BCH, FL	33133
RYMLIN, ARKADI, MD	S/B	MSMC LABORATORY	MIAMI BCH, FL	33140
FARBER, SAMUEL	V/D	MSMC ASCHER BLDG.	MIAMI BCH, FL	33139
KOVENS, CAL	V/D	1301 DADE BLVD.	MIAMI BCH, FL	33139
HARRIS, LOU	V/D	11 ISLAND AVE #1801	MIAMI BCH, FL	33139
HYPER, STEPHEN	V/D	825 ARTHUR GODFREY RD	MIAMI BCH, FL	33139

Registered Agent Information

7 Name and Address of Current Registered Agent

FARBER, SAMUEL  
7842 BECCHERN CIRCLE  
TAMARAC, FL 33381

8 Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (Do NOT Use P.O. Box Number) \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_

9 Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida.

Such change was authorized by resolution duly adopted by its board of directors on \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment)

**\$3.00 additional fee required for Registered Agent changes.**

10 See signature restrictions under instructions on reverse side of this form.  
I, \_\_\_\_\_, certify that I am an Officer of the Corporation, the Receiver or Trustee empowered to execute this Report as Required by Chapter 607.034, and further certify that I understand my signature on this Report shall have the same legal effect as if made under oath.

Signature of Signing Officer: *Edward Shapiro*  
Name of Signing Officer: Edward Shapiro  
Title: President  
Date: January 13, 1984  
Telephone Number: 674-2777

11 I hereby declare that the information furnished herein is true and correct to the best of my knowledge and belief.

12 I hereby declare that the information furnished herein is true and correct to the best of my knowledge and belief.

1985



APPROVED AND FILED

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

73700  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC  
2501 POPPER  
4300 ALTON RD  
MIAMI BCH, FL 33140

02/06/1976 33-27-1100 02/03/1974

1 SHAPIRO, EDWARD	P/O	443 OCEAN BLVD	GOLDEN BCH, FL	0000
2 ADLER, SAMUEL	V/O	7873 NW 32TH ST	MIAMI, FL	0000
3 BERGMANN, GEORGE	V/O	2000 HIATUS RD	PEMBROKE PINES, FL	0000
4 FARBER, SAMUEL	V/O	1100 ASCHER BLDG	MIAMI BCH, FL	0000
5 KOVENS, CAL	V/O	2302 DADE BLVD	MIAMI BCH, FL	0000
6 HARRIS, LOU	S/O	22 ISLAND AVE #1001	MIAMI BCH, FL	0000

Registered Agent Information

FARBER, SAMUEL  
2040 BEECHWOOD LINCLE  
MIAMI, FL 33182

Notice is hereby given that the following persons are registered as agents for the State of Florida...

\$1.00 additional fee required for Registered Agent changes.

*Samuel Farber*  
Samuel Farber

Vice President

March 12, 1985

674-2333

\$5 additional fee required for a Certificate of Status



FILED

FLORIDA DEPARTMENT OF STATE  
George Firestone  
Secretary of State

D.W. McKinnon, Director  
Division of Corporations  
904/488-9636

Mrs. Nettie Sims, Chief  
Bureau of Corporate Records  
904/488-9383

STATEMENT OF CHANGE OF REGISTERED OFFICE  
OR REGISTERED AGENT, OR BOTH

To the Secretary of State of the State of Florida.

Pursuant to the provisions of Sections 607.031 and 607.037, Florida Statutes, the undersigned corporation, organized under the laws of the State of FLORIDA, submits the following statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

FIRST: The name of the corporation is MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

SECOND: The address of its present registered agent is 7841 KEECHPERN CIRCLE  
TAMARAC, FLORIDA 33321

THIRD: The address to which its registered agent is to be changed is 4300 ALTON ROAD  
MIAMI BEACH, FLA. 33140

FOURTH: The name of its present registered agent is SAMUEL PARKER

FIFTH: The name of its successor registered agent is GODFREYA LIPIANIN

SIXTH: The address of its registered office and the address of the business office of its registered agent, as changed, will be identical.

SEVENTH: Such change was authorized by resolution duly adopted by its board of directors.

Dated 11/11/85 8, 1985

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.  
(exact corporate name)

SIGNATURE [Signature]  
(President or Vice-President)

DATE 11/11/85

SIGNATURE [Signature]  
(Registered Agent)

DATE 11/11/85

737001  
FILING FEE: \$1.00

JAB

CER. 114 Rev. 3-81

FILED  
NOV 11 9 14 AM '85  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

737001



DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION  
ANNUAL REPORT  
1986



FLORIDA DEPARTMENT OF STATE  
Jeffrey F. Mastromeo  
Secretary of State  
DIVISION OF CORPORATIONS

Read Notice and Instructions on Other Side Before Making Entries  
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

737001 B  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.  
~~259 PAPER~~ MITCHELL WALLACE  
4350 ALTON RD  
MIAMI BCH, FL 33140

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Above is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3 Date of Incorporation or Qualified Business in Florida

10/08/1976

4 Federal Employer Identification Number (FEIN)

59-1711400

5 Date of Last Report

03/18/1985

6 List Street Addresses of Each Officer and Director, as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
<del>SHAPIRO, EDWARD</del>	<del>P/O</del>	<del>443 BEECH BLVD</del>	<del>BOCCON BCH, FL</del>
ARTHUR PEARLMAN	P	4005 E. 10 <sup>TH</sup> ST	MIAMI, FL
<del>ALAN SAGE</del>	<del>MD</del>	<del>7875 NW 12<sup>TH</sup> ST</del>	<del>MIAMI, FL</del>
STEPHEN H. CYREN	T	825 ARTHUR GODFREY RD	MIAMI BCH, FL
<del>EDMUND GEORGE</del>	<del>MD</del>	<del>1600 HEATON RD</del>	<del>PERDUE PINES, FL</del>
MURRAY A. CANDIB	S	1736 W 28 <sup>TH</sup> ST	MIAMI BCH, FL
<del>PAPER, SAMUEL</del>	<del>V/O</del>	<del>1515 ASCHER BLDG</del>	<del>MIAMI BCH, FL</del>
<del>EDMUND</del>	<del>MD</del>	<del>1515 ASCHER BLDG</del>	<del>MIAMI BCH, FL</del>
TED SAFIAN	D	1515 ASCHER BLDG	MIAMI BCH, FL
<del>EDMUND</del>	<del>MD</del>	<del>1515 ASCHER BLDG</del>	<del>MIAMI BCH, FL</del>
ARKABI RYUN, MD	T	1515 ASCHER BLDG	MIAMI BCH, FL

REGISTERED AGENT INFORMATION

1 Name and Address of Current Registered Agent  
LIPSHITZ, GEOFFREY  
4350 ALTON ROAD  
MIAMI BEACH, FL 33140

2 Name and Address of New Registered Agent  
Name  
Address  
City and State 01 FL Zip Code 04

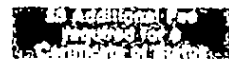
This corporation, as required by Section 607.014 and 607.017, Florida Statutes, the above named corporation, incorporated under the laws of the State of Florida, submits this report for the purpose of filing an annual report, listing officers and directors, and for the purpose of filing a change of address, if applicable, with the Department of State. The information is true and correct to the best of the knowledge of the officers and directors of the corporation. I, the undersigned, being duly qualified, accept the appointment of registered agent for this corporation and accept the responsibility of Section 607.015, Florida Statutes.

102 Signature of Registered Agent (Registered Agent Acceptance Appointment) DATE

\$1.00 additional fee required for Registered Agent changes

This report is required to be filed with the Department of State, Division of Corporations, 1515 Ascher Building, Miami Beach, Florida 33139. The report is due on or before the 15th day of February of each year. If the report is not filed by the 15th day of February, the corporation is in violation of the law and may be subject to penalties. The report is required to be filed by the 15th day of February of each year. If the report is not filed by the 15th day of February, the corporation is in violation of the law and may be subject to penalties.

Ted Safian  
Executive Director  
February 26, 1986  
674-2550







737001



MOUNT SINAI MEDICAL CENTER FOUNDATION

November 6, 1987

12/18/87	93374	
DOMESTIC AMENDMENTS		
CERT/PHOTO COPY		\$1.00
AMENDMENT		19.00
=====		
TOTAL		20.00

Secretary of State  
 Corporate Records Bureau  
 P.O. Box 6327  
 Tallahassee, Fla. 32314

Gentlemen:

Enclosed herewith please find original and copy of Amendment to the Articles of Incorporation of Mount Sinai Medical Center Foundation, Inc., along with our check in the amount of \$20.00 for recording same.

Kindly return a recorded copy of the document to me in the envelope provided for your convenience.

Thank you.

Sincerely,

*Sandra Jaffe*  
 Sandra Jaffe

sj  
Encls.

Nov 23 9 46 AM '87  
 RECEIVED  
 TALLAHASSEE OFFICE

SEARCHED	
INDEXED	
SERIALIZED	
FILED	
NOV 11 1987	
TALLAHASSEE	

C. TAX \_\_\_\_\_  
 FILING 15 \_\_\_\_\_  
 R. AGENT FEE \_\_\_\_\_  
 C. COPY 5 \_\_\_\_\_  
 TOTAL \_\_\_\_\_  
 N. BANK \_\_\_\_\_  
 BALANCE DUE \_\_\_\_\_  
 REFUND \_\_\_\_\_

*Completed*

Nov 23 9 47 AM '86  
RECEIVED  
SECRETARY OF THE  
STATE

C E R T I F I C A T E  
OF  
A M E N D M E N T

WE HEREBY CERTIFY that a meeting of the Board of Directors of MOUNT SINAI MEDICAL CENTER FOUNDATION, INC. was held at Mount Sinai Medical Center of Greater Miami, Inc., Miami Beach, Florida at 12:00 noon on the 10th day of December, 1986.

The following resolution was adopted by a majority of the Board of Directors. In accordance with Article X of the Articles of Incorporation of Mount Sinai Medical Center Foundation, Inc. and in conformity with the bylaws:

BE IT RESOLVED that Articles II and III are hereby amended by deleting the existing Articles II and III in their entirety and substituting in lieu thereof the following new Articles II and III:

FIRST:

\*ARTICLE II

This Corporation is organized and shall be operated exclusively for the purposes described in Section 501(c)(3) of the Internal Revenue Code of 1986 (as may be amended from time to time (the "Code")); and, in connection with furthering said purposes, the Corporation shall:

- (a) accept, hold, invest, re-vest, and administer any gifts, bequests, devises, benefits of trust, trusteeships and property of any sort, without limitation as to amount or value, from individuals, firms, foundations, associations, corporations, governmental bodies and all segments of the public in general, by active solicitation, through inter-vivos gifts, bequests, devises,

or otherwise and to use, disburse, or donate the income or principal thereof exclusively for the purposes described in Section 501(c)(3) of the Code.

(b) Give, convey, or assign any of its property outright, or upon lawful terms regarding the use thereof, to other organizations, provided that:

(1) Such organizations shall be organized and operated exclusively to benefit the Mount Sinai Medical Center of Greater Miami, Inc. ("Mount Sinai") in one or more of the following purposes: To improve the delivery of health care at Mount Sinai by supporting teaching and training programs and health care; encouraging clinical investigation and research programs at Mount Sinai; and the dissemination of knowledge concerning the best and most efficient methods of health care; to provide for the care and support of medical and surgical treatment at Mount Sinai, without regard to race, color, creed, religion, sex, national origin or age; to instruct and train suitable persons in the duties of medicine and nursing, and otherwise attending the sick at Mount Sinai; and, to provide for the maintenance, construction, repair, equipping and furnishing of Mount Sinai, so long as said organization continues its qualification as a Section 501(c)(3) organization; or, in the event such organization ceases to qualify as a Section 501(c)(3) organization, then to such other organizations defined in Section 170(b)(1)(A) to which contributions by individuals would be eligible for the fifty (50%) percent limitation and which are organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or to foster national or international amateur sports competition (but only if no part of its activities involve the provision of athletic facilities or equipment), or for the prevention of cruelty to children or animals; and that,

(2) Transfers of property to such organizations shall, to the extent then permitted under the statutes of the United States government, be exempt from gift, succession, inheritance, estate, or death taxes (by whatever name called) imposed by the United States government; and that,

(3) Such organizations shall, to the extent then permitted under the statutes of the United States government, be exempt from income taxes imposed by the United States government.

(c) Do any and all lawful acts and things which may be necessary, useful, suitable or proper for the furtherance, accomplishment, or attainment of any or all of the purposes or powers of the Corporation, either alone or in cooperation with other persons or organizations."

SECOND:

"ARTICLE III

1. The Corporation shall have one class of membership only, which class shall consist of the Board of Directors of the Corporation. The number of Directors shall not be less than fifteen (15). The maximum number of Directors shall be set forth in the corporate bylaws. The Board of Directors, excluding Ex Officio members, shall consist of four (4) groups as follows:

(a) Forty-two (42%) percent shall be designated by the Board of Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

(b) Forty-two (42%) percent shall be designated by the Advisory Board of the Founders Club of Mount Sinai Medical Center of Greater Miami, Inc. and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

(c) Eight (8%) percent shall be designated by the Medical Executive Committee of Mount Sinai Medical Center of Greater Miami, Inc. and shall be persons other than the Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

(d) Eight (8%) percent shall be designated by the Executive Board of the Young Presidents Club of Mount Sinai Medical Center of Greater Miami, Inc. and shall be persons other than the Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

2. In determining the number of Directors entitled to be selected from each of the four (4) groups, a number less than one (1) full Director shall be disregarded.

3. One-third (1/3) of each group of Directors shall be elected for a term of one (1) year; one third (1/3) of each group of Directors shall be elected for a term of two (2) years; and one-third (1/3) of each group of Directors shall be elected for a term of three (3) years. A Director may be reelected for any number of additional terms following the expiration of the initial term of service."

THIRD: As thus amended, the Articles of Incorporation of the Mount Sinai Medical Center Foundation, Inc. were ratified and confirmed.

FOURTH: We further certify that as of the date of this



**FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.**

DO NOT WRITE IN THIS SPACE

CORPORATION  
ANNUAL REPORT  
1988



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State**

Name and Address of Incorporated Business Office

737001  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.  
3 WALLACE, MITCHELL  
4300 ALTON RD  
MIAMI BCH, FL 33140

1. Exact Change of Address of Corporation Principal Office. P.O. Box Number Address NOT Sufficient  
2. Street Address 21  
3. P.O. Box No. 22  
4. City and State 23  
5. Zip Code 24

1. Name of Officer or Director  
2. Title  
3. Address of Each Officer and Director  
4. City and State

Date of Annual Report Due 10/08/1976  
Filing Number 59-1711400  
Date of Last Report 03/18/1987

Name and Address of Each Officer and Director as of December 31, 1987

Name of Officer and Director	Title	Address of Each Officer and Director	City and State
PEARLMAN, ARTHUR	P	4005 B 10TH CT	MIAMI, FL
LYPEN, STEPHEN H	S	825 ARTHUR GOOPREY RD	MIAMI, FL
NOLFE, CHARLES S.	B/D	MSMC ASCHER BLDG	MIAMI BEACH, FL.
PARBER, SAMUEL	T	MSMC ASCHER BLDG	MIAMI BCH, FL
HARRIS, LOUIS	V	11 ISLAND AVENUE	MIAMI, FL
HOWLIN, ARKADI, MD	A/S	MSMC PATHOLOGY	MIAMI, FL

**REGISTERED AGENT INFORMATION**

Name and Address of Registered Agent

LIFIANIN, GIORENA  
1301 ALTON ROAD  
MIAMI BEACH, FL 33140

1. Name of the Registered Agent  
2. Title  
3. Address of the Registered Agent  
4. City and State

Signature of Registered Agent

Signature of Secretary of State

1. Name of the Secretary of State  
2. Title  
3. Address of the Secretary of State  
4. City and State

*Charles S. Wolfe*  
CHARLES S. WOLFE EXECUTIVE DIRECTOR  
3/18/88  
305-674-2359

By Secretary of State  
Notary Public



1244-  
 James O'Quinn  
 1500 County Rd. 1, Lakeside, TX 75603  
 D

Mrs. Fleming  
 1500 County Rd. 1, Lakeside, TX 75603  
 D

Mr. Jones  
 1500 County Rd. 1, Lakeside, TX 75603  
 D

**PILLS NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST**

OPERATION  
ANNUAL REPORT  
1989



FLORIDA DEPARTMENT OF STATE  
1900  
Building, 11 State  
DIVISION OF CORPORATIONS

DATE: 03/24/1989

Enter Check # Address of Corporation Principal Office File Number Above in 1907 Subpart

Sheet Number 21

FD Back to 17

City and State 33

To Code 21

**Filing Fee of \$75 Required - Make Checks Payable To: Secretary of State**

ZIP + 4

137001 8  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.  
~~137001 8~~ c/o VIRGINIA SIEGEL  
4110 ALTON RD  
MIAMI BCH, FL 33140-2849

10/08/1976 59-1711600 03/24/1988

- |           |                                  |                             |                             |
|-----------|----------------------------------|-----------------------------|-----------------------------|
| P         | ADLER, SAMUEL I. D               | 1221 BRICKELL AVE.          | MIAMI, FL.                  |
| VP        | <del>GOLDBERG, CARTON S. D</del> | 301-414 ST                  | MIAMI BEACH FL              |
| S         | CYPEN, STEPHEN H. D              | 825 ARTHUR GODFREY RD       | MIAMI - FL BEACH, FL        |
| VP        | GLOTTMAN, SAUL D                 | 1301 DADS BLVD              | MIAMI BEACH, FL             |
| B/D       | WOLPE, CHARLES S.                | KENIC ASCHER BLDG           | MIAMI BEACH, FL.            |
| VP        | GOODMAN, TERROLD F. D            | 5712 NORTH OAK RD           | MIAMI BEACH, FL.            |
| T         | PAPPER, SAMUEL D                 | <del>7812 GARDEN CIR</del>  | <del>MIAMI BEACH, FL.</del> |
| ASST TOLK | MARLIN, ROBERT M. D              | 1221 BRICKELL AVE           | MIAMI, FLA.                 |
| VP        | <del>OLSON, SIDNEY L. D</del>    | <del>5700 COLLINS AVE</del> | MIAMI - FL                  |
| ASST      | GELB, MARTIN S. D                | 300 ARTHUR GODFREY RD.      | MIAMI BEACH, FLA            |
| VP        | ROSENBLUM, FRED D                | 1688 MARLINA AVE            | MIAMI, FL                   |
|           |                                  |                             | MIAMI BEACH, FL             |

**REGISTERED AGENT INFORMATION**

STEWART, JUDYANEA  
4110 ALTON ROAD  
MIAMI BEACH, FL 33140

CHARLES S. WOLFE  
EXECUTIVE DIRECTOR 305-674-2389  
2/14/89



MOUNT SINAI MEDICAL CENTER FOUNDATION



(Title of the Executive Letter)

737 001

737001

January 19, 1990

-02/01/90--00116--002  
 DOMESTIC AMENDMENTS  
 CERT. PHOTO COPY-----♦♦♦10.00  
 AMENDMENT-----♦♦♦20.00  
 -----  
 TOTAL-----♦♦♦30.00

Secretary of State  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, Fla. 32314

Gentlemen:

Enclosed please find Certificate of Amendment to Articles of Incorporation of Mount Sinai Medical Center Foundation, Inc., along with check in the amount of \$30.00 for recording same.

Kindly return certified copy of recorded document to the attention of the undersigned.

Thank you.

Sincerely,

*Sandra Jaffe*  
 Sandra Jaffe

sj  
 Encls.

RECEIVED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 JAN 23 1990

Name	
Availability	
Document Examiner	CU
Updater	CU
Updater Verifier	CU
Acknowledgement	CU
W. P. V. SIGN	CU

NIP  
Checked

50 F  
10 cc

C E R T I F I C A T E

OF

AMENDMENT

WE HEREBY CERTIFY that a meeting of the Board of Directors of MOUNT SINAI MEDICAL CENTER FOUNDATION, INC. was held at Mount Sinai Medical Center of Greater Miami, Inc., Miami Beach, Florida at 12:00 noon on the 30th day of May, 1989.

The following resolution was adopted by a majority of the Board of Directors. In accordance with Article X of the Articles of Incorporation of Mount Sinai Medical Center Foundation, Inc. and in conformity with the By Laws:

BE IT RESOLVED that Article III is hereby amended by deleting the existing Article III in its entirety and substituting in lieu thereof the following new Article III:

EXIST:

ARTICLE III

1. The Corporation shall have one class of membership only, which class shall consist of the Board of Directors of the Corporation. The number of Directors shall not be less than fifteen (15). The maximum number of Directors shall be set forth in the corporate By Laws. The Board of Directors, excluding Ex-Officio members, shall consist of five (5) groups as follows:

(a) Thirty-Five (35%) percent shall be designated by the Board of Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

(b) Thirty-Five (35%) percent shall be designated by the Advisory Board of the Founders Club of Mount Sinai Medical Center of Greater Miami, Inc. and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

(c) Six and Two-Thirds (6 2/3%) percent shall be designated by the Medical Executive Committee of Mount Sinai Medical Center of Greater Miami, Inc. and shall be persons other than the Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

(d) Six and Two-Thirds (6 2/3%) percent shall be designated by the Executive Board of the Young Presidents Club of Mount Sinai Medical Center of Greater Miami, Inc. and shall be persons other than the Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

(e) Sixteen and Two-Thirds (16 2/3%) percent At-Large Members shall be nominated and elected for one (1) year terms following the procedures as spelled out in ARTICLE VI, SECTION 1, of the corporate By Laws and shall be persons other than Trustees of Mount Sinai Medical Center of Greater Miami, Inc.

2. In determining the number of Directors entitled to be selected from each of the five (5) groups, a number less than one (1) full Director shall be disregarded.

3. With the exception of the At-Large Members, one-third (1/3) of each group of Directors shall be elected for a term of one (1) year; one third (1/3) of each group of Directors shall be elected for a term of two (2) years; and one-third (1/3) of each group of Directors shall be elected for a term of (3) years. A Director may be reelected for any number of additional terms following the expiration of the initial term of service.

**SECOND:** As thus amended, the Articles of Incorporation of the Mount Sinai Medical Center Foundation, Inc. were ratified and confirmed.

**THIRD:** We further certify that as of the date of this Certificate, said resolution has not been modified or amended, that Samuel D. Cohen is President and Monte Gelf is Assistant Secretary of MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

DATED this 17<sup>th</sup> day of January, 1990.

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

By: Samuel D. Cohen  
President

Attest: Monte Gelf  
Assistant Secretary

STATE OF FLORIDA)
) ss.
COUNTY OF DADE )

BEFORE ME, personally appeared [Signature] and [Signature], to me well known and well known to me to be the individuals described in and who executed the foregoing Certificate of Amendment as President and Assistant Secretary respectively of MOUNT SINAI MEDICAL CENTER FOUNDATION, INC., and severally acknowledged before me that they executed the same as officers of said corporation for the purposes therein expressed and that said instrument is the free act and deed of said corporation.

WITNESS my hand and official seal this [Date] day of [Month], 1990 at Miami Beach, said County and State aforesaid.

[Signature]
Notary Public, State of Florida at Large

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
BY COMPLETION DATE FOR BUSINESS
BOND \$100,000.00 (1/1/90)

**FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST 1990 AND DESTROYED**

CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
1990 MAR -9 11 10:02

FLORIDA DEPARTMENT OF STATE  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA

**Filing Fee of \$35 Required - Make Checks Payable To: Secretary of State**

1. Name and Address of Corporation Principal Office  
**737001 8**  
ZIP + 4 PRESORT  
**MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.**  
**4300 ALTON RD**  
**C/O VIRGINIA SIEGEL**  
**MIAMI BCH, FL 33140-2849**

2. If Address in Block 1 is incorrect in any way, enter the correct address (unless P.O. Box number alone is NOT sufficient. The name of the corporation can be changed only by filing an amendment.)  
Street Address 21  
P.O. Box No. 22  
City and State 23  
Zip Code 24

3. Date of Incorporation or Qualification in Florida: **10/08/1976** 4. FEI Number: **59-1711400** 5. FEI Number Approved For: \_\_\_\_\_  
6. Name and Street Address of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

7. Title	8. Name of Officer and Director	9. Street Address of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)	10. City and State
P/D	ADLER, SAMUEL I.	1221 BRICKELL AVE.	MIAMI, FL.
S/D	<del>CHARLES S. WOLFE</del> MARLIN, ROBERT	<del>885 ARTHUR GODFREY RD</del> 1221 BRICKELL AVE	MIAMI, FL
E/D	WOLFE, CHARLES S.	MSMC ASCHER BLDG	MIAMI BEACH, FL.
T	<del>FARBER, DANIEL</del> GANS, CHARLES	<del>MSMC ASCHER BLDG</del> 15959 NW 15 AVE	MIAMI BEACH, FL
A/T/D	<del>MARLIN, ROBERT W.</del> POTAMKIN, ALAN	<del>1221 BRICKELL AVE</del> 4675 SW 74 ST	MIAMI, FL
A/S/D	GELB, MARTIN J.	300 ARTHUR GODFREY RD.	MIAMI, FL

**REGISTERED AGENT INFORMATION**

11. Name and Address of the Registered Agent  
12. Street Address (Do NOT use P.O. Box Number)  
13. Street Address (Do NOT use P.O. Box Number)  
14. City and State of \_\_\_\_\_ Zip Code 15

16. I, the undersigned, being a resident of this State, do hereby certify that the above named corporation, partnership, or firm is a corporation, partnership, or firm organized and existing under the laws of the State of Florida, and that the information furnished herein is true and correct to the best of my knowledge and belief, and that I am a resident of this State.  
17. Signature of Registered Agent (Do NOT use a stamp or correction tape or fluid to cover over incorrect information.)  
18. Date

*Charles S. Wolfe*  
**CHARLES S. WOLFE** EXECUTIVE DIRECTOR **305-674-2389** 2/7/90

**FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.**

INCORPORATED  
ANNUAL REPORT  
1991



DEPARTMENT OF STATE  
CORPORATION  
DIVISION

STATE OF FLORIDA  
CORPORATION  
TALLAHASSEE  
FILED

**FILING FEE OF \$61.25 REQUIRED**

DOCUMENT #73700 (B)

ZIP + 4 PRESORT

**MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.**  
4300 ALTON RD  
C/O VIRGINIA SIEGEL  
MIAMI BCH, FL 33140-2849

DO NOT WRITE IN THIS SPACE

IF CHANGES ARE MADE TO THE INFORMATION ON THIS REPORT, THE NAME OF THE CORPORATION MUST BE CHANGED ONLY BY FILING AN AMENDED REPORT.

STATE OF FLORIDA

C/O Virginia Siegel  
C/O Carlton Harrison

STATE OF FLORIDA

STATE OF FLORIDA

REPORTING PERIOD

REGISTRATION

FILING FEE APPLIES FOR

**\$8.75 Additional Fee required for a Certificate of Status**

10/08/1978

59-1711400

CERTIFICATE OF STATUS OF

P/D	-ADLER, SAMUEL T. SALVAGING BRKTON S.	-1221 BRICKELL AVE. 301 41 ST	-MIAMI, FL: MIAMI BEACH, FL
S/D	MARLIN, ROBERT	1221 BRICKELL AVENUE	MIAMI, FL
E/D	WOLFE, CHARLES S.	MSMC ASCHER BLDG	MIAMI BEACH, FL.
T	GANS, CHARLES	15959 NW 15TH AVENUE	MIAMI, FL
A/T/D	POTANKIN, ALAN	4875 SW 74TH STREET	MIAMI, FL
A/S/D	-GELB, MARTIN J. SOUTH BEACH, FLORIDA	-300 ARTHUR GODFREY RD. NASSAU ISLAND BLVD	MIAMI, FL WILLIAMS ISLAND, FL.

**REGISTERED AGENT INFORMATION**

LIPIANIN, GODFREYA  
4300 ALTON ROAD  
MIAMI BEACH, FL 33140

A. Budd Cutler  
Mount Sinai Medical Center  
4300 Alton Road  
Miami Beach FL 33140

*A. Budd Cutler*

3/3/91

*[Handwritten signature]*

Secretary of State

President

305

332-6451

**FILING FEE OF \$61.25 REQUIRED - Make Checks Payable To: Secretary of State**

**\$8.75 Additional Fee required for a Certificate of Status**



**2ND NOTICE FILE NOW! CORPORATION WILL BE DISSOLVED ON OR AFTER OCTOBER 7, 1992.**

CORPORATION  
ANNUAL REPORT  
1992



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED

SECRETARY OF STATE  
CORPORATIONS UNIT  
TALLAHASSEE, FLA.  
FILED

**FILING FEE \$61.25 Make Payable To: Secretary of State**

DO NOT WRITE IN THIS SPACE

1. Name of Firm and Address of Corporation: **DOCUMENT #737001 (8)**  
**MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.**  
**4300 ALTON RD**  
**C/O CARLTON HARRISON**  
**MIAMI BEACH FL 33140-2849**

2. If Address in Book 1 is incorrect in any way, and brought to correct information and state the correct address (Include a P.O. Box if applicable). The NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address

22 P.O. Box No.

23 City and State

24 Zip Code

3. If above address is incorrect in any way, file through the incorrect information and enter correct address in Book 2

3. Date Incorporated or Qualified To Do Business in Florida: **10/08/1976**

3a. Date of Last Report: **03/27/1991** 3b. FEE Number: **59-1711400** 3c. FEE Number Applied For: **\$8.75** 3d. FEE Number Not Applicable: CERTIFICATE OF STATUS DESIRED:

6. Names and Street Addresses of Each Officer and Director (Do not use any correction-tape or fluid to cover over incorrect information)

1. Title	2. Name of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
P/D	GOLDBERG, BARTON S.	301 41ST STREET	MIAMI BEACH, FL
S/D	MARLIN, ROBERT	1221 BRICKELL AVENUE	MIAMI, FL
E/D	SEE ATTACHED	SEE ATTACHED	SEE ATTACHED
T	GANS, CHARLES	15959 NW 15TH AVENUE	MIAMI, FL
A/T/D	POTAMKIN, ALAN	4575 SW 74TH STREET	MIAMI, FL
A/S/D	FLETCHER, JACQUELINE	4060 ISLAND BOULEVARD	WILLIAMS ISLAND, FL

7. Name and Address of Now Registered Agent

REGISTERED AGENT INFORMATION		81. Name
7. Name and Address of Now Registered Agent		81. Name
CUTLER, A. BUDD MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD MIAMI BEACH, FL 33140		82. Street Address 1 (Do NOT Use P.O. Box Number)
		83. Street Address 2 (Do NOT Use P.O. Box Number)
		84. City
		FL
		Zip Code

9. If the corporation has changed Secretary, Board of Directors and Officers, Sections 617.05(2) and 617.15(2), Florida Statutes, the above named corporation admits this change and hereby registers the new officer or registered agent, or both, in the State of Florida. Such change will be entered by the corporation's board of directors. The new registered agent must be a natural person familiar with and accept the obligations of Section 607.009, Florida Statutes.

10. Name of Registered Agent: *John E. Marcus Ed.D.* DATE: *July 29, 1992*  
(Registered Agent Accepting Appointment)

10. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side of form for intangible tax)

11. I, the undersigned, being a duly qualified and sworn officer of the corporation, do hereby certify that my signature bears true the foregoing information and that I am duly authorized to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *John E. Marcus Ed.D.* DATE: *July 29, 1992*

12. Should you wish to contribute to the Election Campaign Financing Trust Fund, check the box and include an additional \$5.00 to the filing fee.

**MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.**  
FEI Number 59-1711400  
Document Number 737001

**NAMES OF OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>NAME</b>	<b>ADDRESS</b>	<b>CITY AND STATE</b>
<b>EXECUTIVE VICE PRESIDENT</b>	<b>STEVEN E. MARCUS, Ed.D.</b>	<b>4500 Alton Road</b>	<b>Miami Beach, Florida</b>



**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**  
 91 APR 22 AM 11:42  
 SECRETARY OF STATE  
 (8) TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1994**  
 FLORIDA DEPARTMENT OF STATE  
 JIM SMITH  
 Secretary of State  
 DIVISION OF CORPORATIONS



1. Name and Address  
**MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.**

**DOCUMENT # 737001**

2. Principal Place of Business  
**4300 ALTON RD  
 C/O CARLTON HARRISON  
 MIAMI BCH FL 33140**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/08/1976</b>	3a. Date of Last Report <b>05/01/1993</b>
4. FEI Number <b>59-1711400</b>	4a. Add'l Fee Tax Address
5. Certificate of Status Declared <b>\$875</b>	6. Section Corporation Franchise Tax Fund Contribution <input type="checkbox"/>
7. Nonprofit (Exempt from \$150 Fee Supplemental Fee) <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for changing tax under S 139-032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CUTLER, A. BUDD MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD MIAMI BEACH FL 33140</b>	10. Name and Address of New Registered Agent 11. Name 12. Street Address (P.O. Box Number is Not Acceptable) 13. City <b>FL</b> 14. Zip Code
---	--

13. This report is made in accordance with Sections 607.02(2), 607.02(3), 607.02(4), 607.02(5), 607.02(6), 607.02(7), 607.02(8), 607.02(9), 607.02(10), 607.02(11), 607.02(12), 607.02(13), 607.02(14), 607.02(15), 607.02(16), 607.02(17), 607.02(18), 607.02(19), 607.02(20), 607.02(21), 607.02(22), 607.02(23), 607.02(24), 607.02(25), 607.02(26), 607.02(27), 607.02(28), 607.02(29), 607.02(30), 607.02(31), 607.02(32), 607.02(33), 607.02(34), 607.02(35), 607.02(36), 607.02(37), 607.02(38), 607.02(39), 607.02(40), 607.02(41), 607.02(42), 607.02(43), 607.02(44), 607.02(45), 607.02(46), 607.02(47), 607.02(48), 607.02(49), 607.02(50), 607.02(51), 607.02(52), 607.02(53), 607.02(54), 607.02(55), 607.02(56), 607.02(57), 607.02(58), 607.02(59), 607.02(60), 607.02(61), 607.02(62), 607.02(63), 607.02(64), 607.02(65), 607.02(66), 607.02(67), 607.02(68), 607.02(69), 607.02(70), 607.02(71), 607.02(72), 607.02(73), 607.02(74), 607.02(75), 607.02(76), 607.02(77), 607.02(78), 607.02(79), 607.02(80), 607.02(81), 607.02(82), 607.02(83), 607.02(84), 607.02(85), 607.02(86), 607.02(87), 607.02(88), 607.02(89), 607.02(90), 607.02(91), 607.02(92), 607.02(93), 607.02(94), 607.02(95), 607.02(96), 607.02(97), 607.02(98), 607.02(99), 607.02(100)

12. OFFICERS AND DIRECTORS	13. CHANGE TO OFFICERS AND DIRECTORS IN 1994
P/D HEATTER, LILA G. 11 E. RIVO ALTO DRIVE MIAMI BEACH FL 33139	P/D Gelb; Martin J. 300 Arthur Godfrey Road Miami Beach, FL 33140
V/D GELB, MARTIN J. 300 41ST STREET MIAMI BEACH FL 33140	V/D Geoffrey Paskow 7900 Harbor Island North Bay Village, FL 33141
V/D STEELE, MORTON 9 ISLAND AVENUE MIAMI BEACH FL 33139	V/D Fred M. Rosenbloom, M.D. 4302 Alton Rd, #720 Miami Beach, FL 33140
S/D GOODMAN, JERROLD 5712 NORTH BAY RD MIAMI BEACH FL 33140	
T/D PERTNOY, EARL 801 41ST STREET #500 MIAMI BEACH FL 33140	
V/P MARCUS, STEVE E 4300 ALTON ROAD MIAMI BEACH FL	

SIGNATURE: *Steve E. Marcus*  
 March 30, 1994 (205) 674-2777  
 STEVE E. MARCUS

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
TALLAHASSEE, FLORIDA  
32399-0001

DOCUMENT # 737001 (8)

MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

RECEIVED  
95 FEB 23 11:11

1. Name of Business		2. Mailing Address		3. Date Incorporated or Created		4. Date of Last Filing	
4300 ALTON RD C/O CARLTON HARRISON MIAMI BCH FL 33140		4300 ALTON RD C/O CARLTON HARRISON MIAMI BCH FL 33140		10/08/1976		04/22/1994	
3. Date of Fiscal Year End		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing Trust Funds Certificate	
12/31		59-1711400		<input type="checkbox"/>		<input type="checkbox"/>	
7. Nonprofit with 275 Status for Exempt Status		8. This corporation has funds for investment under 5 Florida Statutes		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
7. Nonprofit with 275 Status for Exempt Status		8. This corporation has funds for investment under 5 Florida Statutes		<input type="checkbox"/>		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CUTLER, A. BUDD MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD MIAMI BEACH FL 33140				81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, this above-captioned corporation submits this statement for the purpose of changing its registered agent and its principal office in the State of Florida. Such change was authorized by the corporation's board of directors in conformity with the provisions of Section 607.0504, Florida Statutes.

12. OFFICERS AND DIRECTORS		13. TREASURER AND MANAGER OF FINANCIAL AFFAIRS	
VD PASKOW, GEOFFREY 7900 HARBOR ISLAND NORTH BAY VILLAGE FL	11700 11700 11 STREET ADDRESS 14 000 SE 20	<input type="checkbox"/>	<input type="checkbox"/>
VD GELB, MARTIN J 300 41ST STREET MIAMI BEACH FL 33140	21300 21300 21 STREET ADDRESS 24 000 SE 20	<input type="checkbox"/>	<input type="checkbox"/>
VD ROSENBLUM, M.D. 4302 ALTON RD #720 MIAMI BEACH FL	31700 31700 31 STREET ADDRESS 34 000 SE 20	<input type="checkbox"/>	<input type="checkbox"/>
CO GOODMAN, JERROLD 5712 NORTH BAY ROAD MIAMI BEACH FL 33140	41500 41500 41 STREET ADDRESS 44 000 SE 20	<input type="checkbox"/>	<input type="checkbox"/>
TD PERTNOY, EARL 801 41ST STREET #550 MIAMI BEACH FL 33140	51300 51300 51 STREET ADDRESS 54 000 SE 20	<input type="checkbox"/>	<input type="checkbox"/>
VP MARCUS, STEVE E. 4300 ALTON ROAD MIAMI BEACH FL	61000 61000 61 STREET ADDRESS 64 000 SE 20	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: *Steve E. Marcus* Jan. 24, 1995 (305) 674-2347

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



STATE DEPARTMENT OF STATE  
CORPORATION DIVISION  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # 737001  
MOUNT SINAI MEDICAL CENTER FOUNDATION, INC.

**AMENDED ANNUAL REPORTS** MAY -1 AM 11:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Principal Place of Business 4300 Alton Road C/O Carlton Harrison Miami Beach, FL 33140		2a. Mailing Address 4300 Alton Road C/O Carlton Harrison Miami Beach, FL 33140		3. Date Incorporation or Qualified 10/08/1976		3a. Date of Last Report 04/22/1994	
21. Principal Place of Business		2a. Mailing Address		4. FEI Number 58-1711400		Account For NET ASSETS	
22. State, Apt. #, etc.		2a. State, Apt. #, etc.		6. Certificate of Status Desired		8. Election Company Financing Trust Fund Contribution	
23. City & State		2a. City & State		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status		9. This corporation has liability for interstate tax under 5-193.032 Florida Statutes	
24. Country		2a. Country		8. Certificate of Status Desired		9. This corporation has liability for interstate tax under 5-193.032 Florida Statutes	

9. Name and Address of Current Registered Agent Cutler, A. Budd Mount Sinai Medical Center 4300 Alton Road Miami Beach, FL 33140				10. Name and Address of New Registered Agent 81 Name: Laurence, Jodi B 82 Street Address (P.O. Box Number is Not Acceptable): 4300 Alton Road 83 84 City: Miami Beach FL 33140			
--	--	--	--	---	--	--	--

11. I, the undersigned, in compliance with Sections 607.0602 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, principal office, 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 607.0605, Florida Statutes.

SIGNATURE: *Jodi Laurence* DATE: 4/13/95

12. OFFICERS AND DIRECTORS				13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS			
11	VD	12 NAME	PASKOW, GEOFFREY	11 TITLE	VD	12 NAME	Hirt, Fred D.
13	14 ADDRESS	15 CITY-STATE	7900 HARBOR ISLAND NORTH BAY VILLAGE, FL	13 STREET ADDRESS	4300 Alton Road	14 CITY-STATE	Miami Beach, FL 33140
11	VD	21 NAME	GELB, MARTIN J.	21 TITLE		22 NAME	
13	14 ADDRESS	23 STREET ADDRESS	300 41 ST STREET MIAMI BEACH, FL 33140	23 STREET ADDRESS		24 CITY-STATE	
11	VD	31 NAME	ROSENBLUM, M.D.	31 TITLE		32 NAME	
13	14 ADDRESS	33 STREET ADDRESS	4302 Alton RD #720 MIAMI BEACH, FL 33140	33 STREET ADDRESS	50000148225	34 CITY-STATE	05/17/95--01166--003
11	SD	41 NAME	GOODMAN, JERROLD	41 TITLE		42 NAME	
13	14 ADDRESS	43 STREET ADDRESS	5712 NORTH BAY ROAD MIAMI BEACH, FL 33140	43 STREET ADDRESS		44 CITY-STATE	****61 25 ****481 25
11	TD	51 NAME	PERTNOY, EARL	51 TITLE		52 NAME	
13	14 ADDRESS	53 STREET ADDRESS	801 41ST STREET #550 MIAMI BEACH, FL 33140	53 STREET ADDRESS		54 CITY-STATE	
11	VP	61 NAME	MARCUS, STEVE E.	61 TITLE	DA	62 NAME	
13	14 ADDRESS	63 STREET ADDRESS	4300 ALTON ROAD MIAMI BEACH, FL 33140	63 STREET ADDRESS	5-1-95	64 CITY-STATE	

14. I hereby certify that the information supplied with this filing is voluntary furnished and does not qualify for the exemption under Section 110.07(3)(a) Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as a notary public signature in the State of Florida.

SIGNATURE: *Carlton Harrison Ex. V.P.* DATE: 4/11/95