

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007896

FILED  
Feb 21, 2008  
Secretary of State

Entity Name: MOUNT SINAI MEDICAL COMPLEX, LLC

**Current Principal Place of Business:**

839 NORTH JEFFERSON STREET  
MILWAUKEE, WI 53202

**New Principal Place of Business:**

**Current Mailing Address:**

839 NORTH JEFFERSON STREET  
MILWAUKEE, WI 53202

**New Mailing Address:**

FEI Number: 20-2825711

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MAUREEN CULLEN

02/21/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LANDMARK HEALTHCARE, PROPERTIES FUN D , LLC  
Address: 839 NORTH JEFFERSON STREET  
City-St-Zip: MILWAUKEE, WI 53202 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MMBR (X) Change ( ) Addition  
Name: LANDMARK HEALTHCARE, PROPERTIES FUN D , LLC  
Address: 839 NORTH JEFFERSON STREET  
City-St-Zip: MILWAUKEE, WI 53202 US

Title: MMBR ( ) Change (X) Addition  
Name: MOUNT SINAI MEDICAL, CENTER OF FLOR I DA, INC  
Address: 839 NORTH JEFFERSON STREET  
City-St-Zip: MILWAUKEE, WI 53202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NICHOLAS F. CHECOTA

PRES

02/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date