

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007896

FILED  
Jan 28, 2010  
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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MMBR  
Name: LANDMARK HEALTHCARE PROPERTIES FUND, LLC  
Address: 839 NORTH JEFFERSON STREET  
City-St-Zip: MILWAUKEE, WI 53202 US

Title: MMBR  
Name: MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC  
Address: 839 NORTH JEFFERSON STREET  
City-St-Zip: MILWAUKEE, WI 53202 US

I hereby 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

01/28/2010

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