2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L05000079258

Entity Name: MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC

Current Principal Place of Business:

WARNER BUILDING
4300 ALTON ROAD, FIFTH FLOOR
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

WARNER BUILDING
4300 ALTON ROAD, FIFTH FLOOR
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 20-3295727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDLAND, PRISCILLA
WARNER BUILDING
4300 ALTON ROAD, FIFTH FLOOR
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: SONENREICH, STEVEN D
Address: 4300 ALTON ROAD, 5TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33140

Title: S ( ) Delete
Name: MENDEZ, ALEX
Address: 4300 ALTON ROAD, 5TH FLOOR
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report 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: STEVEN D SONENREICH P 01/28/2009

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