

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079258

FILED  
Jan 25, 2012  
Secretary of State

**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  
Name: SONENREICH, STEVEN D  
Address: 4300 ALTON ROAD, 5TH FLOOR  
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: MGRM  
Name: MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC  
Address: 4300 ALTON ROAD 5 WARNER - ADMINISTRATION  
City-St-Zip: MIAMI BEACH, FL 33140

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: STEVEN D SONENREICH

P

01/25/2012

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