

L07000108390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

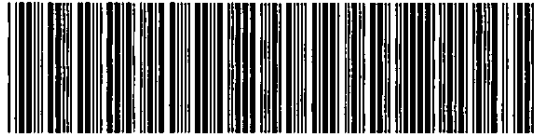
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

SEP 11 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOUNT SINAI CARDIO-PRICARE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Priscilla Friendland

Name of Person

Mount Sinai Medical Center of Florida, Inc.

Firm/Company

4300 Alton Road - 5 Warner- Administration

Address

Miami Beach, FL 33140

City/State and Zip Code

priscilla@msmc.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Arnold M. Jaffee

Name of Person

at (305)

674-2444

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MOUNT SINAI CARDIO-PRICARE, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

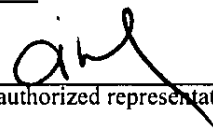
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mount Sinai Medical Center of Florida Inc.	4300 Alton Road 5 Warner - Administration Miami Beach, FL 33140	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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Dated _____, _____



 Signature of a member or authorized representative of a member

Alex Mendez

 Typed or printed name of signee