

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000108390

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** MOUNT SINAI CARDIO-PRICARE, 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:** 26-1408014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDLAND, PRISCILLA  
MOUNT SINAI MEDICAL CENTER  
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:** CEOP  
**Name:** SONENRICH, STEVEN D  
**Address:** 4300 ALTON RD 5TH FLR WARNER BLDG  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** ST  
**Name:** MENDEZ, ALEX  
**Address:** 4300 ALTON RD 5TH FLR WARNER BLDG  
**City-St-Zip:** MIAMI BEACH, FL 33140

**Title:** MGRM  
**Name:** MOUNT SINAI MEDICAL CENTER OF FLORIDA INC.  
**Address:** 4300 ALTON RD 5TH FL, WARNER BLDG  
**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

CEOP

02/03/2011

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