

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115630

**FILED**  
**Feb 04, 2009**  
**Secretary of State**

**Entity Name:** MOUNT SINAI INTENSIVISTS, LLC

**Current Principal Place of Business:**

4300 ALTON ROAD  
SUITE 210  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

4300 ALTON ROAD  
WARNER BLDG - ADMINISTRATION  
MIAMI BEACH, FL 33140 US

**Current Mailing Address:**

ATTN: DONNA OWENS - 4300 ALTON ROAD  
SUITE 2110  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

4300 ALTON ROAD  
WARNER BLDG - ADMINISTRATION  
MIAMI BEACH, FL 33140 US

**FEI Number:** 26-3932464

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

FRIEDLAND, PRISCILLA  
4300 ALTON ROAD - ADMINISTRATION  
MIAMI BEACH, FL 33140 US

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: PRISCILLA FRIEDLAND

02/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOUNT SINAI MEDICAL, CENTER OF FLOR I DA, INC  
Address: 4300 ALTON ROAD  
City-St-Zip: MIAMI BEACH, FL 33140 US

**ADDITIONS/CHANGES:**

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

MGRM

02/04/2009

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