

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004471

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

**Entity Name:** MOUNT SINAI MEDICAL CENTER CARDIOLOGY, LLC

**Current Principal Place of Business:**

4300 ALTON ROAD  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4300 ALTON ROAD  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 26-4069086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC  
4300 ALTON ROAD  
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

02/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC  
**Address:** 4300 ALTON ROAD  
**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

MGRM

02/03/2011

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