


**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90061 034 \*\*\*\*61.25

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

UNYEOUOI y N0000007102 1. Entity Name <b>MOUNT SINAI PHYSICIAN GROUP, INC.</b>			
Principal Place of Business 4300 ALTON ROAD 5TH FLOOR WARNER BUILDING MIAMI BEACH, FL 33140		Mailing Address 4300 ALTON ROAD 5TH FLOOR WARNER BUILDING MIAMI BEACH, FL 33140	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>FRIEDLAND, PRISCILLA</b> 4300 ALTON ROAD 5TH FLOOR WARNER BUILDING MIAMI BEACH, FL 33140		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b>	
		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE <b>PD</b> NAME <b>SONENREICH, STEVEN D</b> STREET ADDRESS <b>4300 ALTON ROAD</b> CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE <b>TD</b> NAME <b>KATZ, PAUL MD</b> STREET ADDRESS <b>4300 ALTON ROAD</b> CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete	TITLE <b>ALEX MENDEZ DIRECTOR</b> NAME <b>4300 ALTON ROAD</b> STREET ADDRESS <b>MIAMI BEACH, FL 33140</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>ARANGO, BETTY</b> STREET ADDRESS <b>4300 ALTON ROAD</b> CITY-ST-ZIP <b>MIAMI BEACH, FL 33140</b>	<input checked="" type="checkbox"/> Delete	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE  NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>STEVEN D. SONENREICH</u>		Date: <u>3/4/04</u>	Daytime Phone #: <u>(305) 674-2143</u>

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4. FEI Number **65-1050140** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75**  **\$1.00**