

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 04, 2003 8:00 am
Secretary of State

09-04-2003 90059 010 ****61.25

DOCUMENT # N00000007102

1. Entity Name
MOUNT SINAI PHYSICIAN GROUP, INC.



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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1050140**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDLAND, PRISCILLA
4300 ALTON ROAD
5TH FLOOR WARNER BUILDING
MIAMI BEACH FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SONENREICH, STEVEN D	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KATZ, PAUL MD	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARANGO, BETTY	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **SIGNATURE REQUIRED**

8/28/03

(305) 674-2143

CR2E037 (4/03)