2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010509

1. Entity Name
THE BOHEMIAN HOSPITAL AND MEDICAL CENTER OF MOUNT SINAI, INC.

FILED
04 APR 15 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4251 NORTH BAY ROAD MIAMI BEACH, FL 33140	4251 NORTH BAY ROAD MIAMI BEACH, FL 33140

2. Principal Place of Business		3. Mailing Address	
As above		As above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02272004 Chg-NP CR2E037 (10/03)

4. FEI Number: 34-1982967 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIDAMON-ERISTAVI, GURAM
4251 NORTH BAY ROAD
MIAMI BEACH, FL 33140

7. Name and Address of New Registered Agent

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 ____________________ DATE

Filing Fee is $61.25
Due by May 1, 2004

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

TITLE	P	☐ Delete
NAME	SIDAMON-ERISTAVI, NOELLE	
STREET ADDRESS	4251 NORTH BAY ROAD	
CITY ST ZIP	MIAMI BEACH, FL 33140	
TITLE	V	☐ Delete
NAME	SIDAMON-ERISTAVI, OLGA DR.	
STREET ADDRESS	4251 NORTH BAY ROAD	
CITY ST ZIP	MIAMI BEACH, FL 33140	
TITLE	ST	☐ Delete
NAME	SIDAMON-ERISTAVI, GURAM	
STREET ADDRESS	4251 NORTH BAY ROAD	
CITY ST ZIP	MIAMI BEACH, FL 33140	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY ST ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

700033109047
04/20/04--01016--001 **70.00

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ Change ☐ 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: Guram Sidamon-Eristavi, ST — March 31, 2004 — S.T.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Title

GURAM SIDAMON-ERISTAVE March 31, 2004