

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03515 (6)**

1. Corporation Name

**TEMPLE SINAI OF NORTH DADE, INC.**

Principal Place of Business

**18801 NE 22ND AVENUE  
NORTH MIAMI BEACH FL 33180**

Mailing Address

**18801 NE 22ND AVENUE  
NORTH MIAMI BEACH FL 33180**



3. Date Incorporated or Qualified  
**06/07/1984**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-0903811**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEOPOLD, NORMAN  
20801 BISCAYNE BLVD. SUITE #501  
NORTH MIAMI BEACH FL 33180**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P BERGMAN, RICHARD H**  
STREET ADDRESS **1075 N.E. 203 TERRACE**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VTD KORN, GARY**  
STREET ADDRESS **250 SOUTH ISLAND**  
CITY-ST-ZIP **GOLDEN BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VSD SUSSMAN, JONATHAN**  
STREET ADDRESS **21140 NE 22RD CT.**  
CITY-ST-ZIP **N. MIAMI BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD SCHATZ, IRENE**  
STREET ADDRESS **1990 N.E. 191 DR.**  
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **VD TARASUK, BRIAN**  
STREET ADDRESS **19944 N.E. 191TH PL**  
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **VD WEINBERG, HERBERT**  
STREET ADDRESS **306 HOLIDAY DRIVE**  
CITY-ST-ZIP **HALLANDALE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

305-932-9010

Date

Daytime Phone #

CR2E037 (12/95)