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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
Feb 14 1997 8:00am  
Secretary of State

DOCUMENT # N03515 (6)

1. Corporation Name

TEMPLE SINAI OF NORTH DADE, INC.



Principal Place of Business

Mailing Address

18801 NE 22ND AVENUE  
NORTH MIAMI BEACH FL 3318018801 NE 22ND AVENUE  
NORTH MIAMI BEACH FL 33180-32033. Date Incorporated or Qualified  
06/07/19843a. Date of Last Report  
02/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0903811

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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 P ☐ DELETENAME BERGMAN, RICHARD H  
STREET ADDRESS ~~1075 N.E. 203 TERRACE~~  
CITY-ST-ZIP N. MIAMI BEACH FL1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2362 N.E. 212 Terrace  
N. Miami Beach FL 33180TITLE VTD ☐ DELETENAME KORN, GARY  
STREET ADDRESS 250 SOUTH ISLAND  
CITY-ST-ZIP GOLDEN BEACH FL2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33160

TITLE VSD ☐ DELETENAME SUSSMAN, JONATHAN  
STREET ADDRESS 21140 NE 22RD CT.  
CITY-ST-ZIP N. MIAMI BEACH FL3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

33180

TITLE VD ☐ DELETENAME SCHATZ, IRENE  
STREET ADDRESS 1990 N.E. 191 DR.  
CITY-ST-ZIP N MIAMI BEACH FL 331794.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VD ☐ DELETENAME TARASUK, BRIAN  
STREET ADDRESS ~~1994 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

1994 N.E. 191 Place  
N. Miami Beach FL 33179TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Sandra B. Mortham 2/7/97 305-932-9010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033471

CR2E037 (9/96)