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FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33180**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

06/07/1984

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**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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** ☐ DELETE
NAME **BERGMAN, RICHARD H**
STREET ADDRESS **2362 NE 212 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 **VTD** ☐ DELETE
NAME **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 **VSD** ☒ DELETE
NAME **SUSSMAN, JONATHAN**
STREET ADDRESS **21140 NE 22RD CT.**
CITY-ST-ZIP **N. MIAMI BEACH FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Robert Schwartz**
3.3 STREET ADDRESS **1956 N.E. 201 St.**
3.4 CITY-ST-ZIP **North Miami Beach, Fl. 33179**

TITLE **VD** ☒ DELETE
NAME **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 **Elise Udelson**
4.3 STREET ADDRESS **1986 N.E. 201 Street**
4.4 CITY-ST-ZIP **North Miami Beach, Fl. 33179**

TITLE **VD** ☐ DELETE
NAME **TARASUK, BRIAN**
STREET ADDRESS **19944 NE 19 PLACE**
CITY-ST-ZIP **N MIAMI BEACH FL**

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

TITLE ☐ 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 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:

2/25/98 1-305-932-9010

CR2E037 (10/97)