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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N03515 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 06/07/1984		4. FEI Number 59-0903811	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LEOPOLD, NORMAN 20801 BISCAYNE BLVD. SUITE #501 NORTH MIAMI BEACH FL 33180		10. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME P BERGMAN, RICHARD H STREET ADDRESS 2362 NE 212 TERRACE CITY-ST-ZIP N. MIAMI BEACH FL		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME VTD KORN, GARY STREET ADDRESS 250 SOUTH ISLAND CITY-ST-ZIP GOLDEN BEACH FL		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME VSD SCHWARTZ, ROBERT STREET ADDRESS 1956 NE 201ST ST CITY-ST-ZIP NORTH MIAMI BEACH FL 33179		3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME SUSSMAN, JONATHAN 3.3 STREET ADDRESS 21140 NE 22 RD. CT 3.4 CITY-ST-ZIP NORTH MIAMI BEACH FL 33180	
TITLE <input type="checkbox"/> DELETE NAME VD UDELSON, ELISE STREET ADDRESS 1986 NE 201ST ST CITY-ST-ZIP NORTH MIAMI BEACH FL 33179		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE NAME VD TARASUK, BRIAN STREET ADDRESS 19944 NE 19 PLACE CITY-ST-ZIP N MIAMI BEACH FL		5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME VD JACOBSON, JEANNETTE 5.3 STREET ADDRESS 4200 HILLCREST DRIVE #1005 5.4 CITY-ST-ZIP HOLLYWOOD, FL 33021	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME VD WARECH, SUSAN 6.3 STREET ADDRESS 20555 NE 6 COURT 6.4 CITY-ST-ZIP NORTH MIAMI BEACH FL 33179	

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, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED Vice President 4/14/99 305-932-9010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)