

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90159 006 ****61.25

DOCUMENT # N03515

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0903811**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **MACKSON, Lee**

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

Shutts + Bowen

201 S. Biscayne Blvd #1500

City **Miami**

FL

Zip Code **33131**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/03

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **MURPHY, LEOPOLD**
STREET ADDRESS **2100 NE 191 DR**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **SHALEV, SUSAN**
STREET ADDRESS **2001 NE 195 DR**
CITY-ST-ZIP **N. MIAMI BCH FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSD** ☐ Delete
NAME **SUSSMAN, JONATHAN**
STREET ADDRESS **21140 NE 22 RD CT**
CITY-ST-ZIP **N MIAMI BEACH FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VTD** ☒ Delete
NAME **UDELSON, ELISE**
STREET ADDRESS **1986 NE 201ST ST**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33179**

TITLE **VTD** ☐ Change ☒ Addition
NAME **Berkowitz, Deborah**
STREET ADDRESS **2285 N.E. 204 Street**
CITY-ST-ZIP **NMB FL 33180**

TITLE **VD** ☐ Delete
NAME **GLUCKMAN, ROSE E**
STREET ADDRESS **8159 SOUTH SAVANNAH CIR**
CITY-ST-ZIP **DAVIE FL 33328**

TITLE **VD** ☐ Change ☒ Addition
NAME **Gutman Delia**
STREET ADDRESS **2641 N.E. 164 St.**
CITY-ST-ZIP **N.M.B. FL 33160**

TITLE **VD** ☐ Delete
NAME **WARECH, SUSAN**
STREET ADDRESS **20555 NE 6 CT**
CITY-ST-ZIP **N MIAMI BEACH FL 33179**

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:

[Signature] **Deborah Berkowitz** **Corporate Treasurer** **3/24/03 305-932-9010**

CR2E037 (10/02)