

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

DOCUMENT # N04191 (5)

1. Corporation Name

MOUNT SINAI - ST. FRANCIS NURSING AND REHABILITATION CENTER, INC



Principal Place of Business

Mailing Address

201 N.E. 112TH ST.
 MIAMI FL 33161

201 N.E. 112TH ST.
 MIAMI FL 33161

3. Date Incorporated or Qualified **07/13/1984** 3a. Date of Last Report **07/07/1995**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4. FEI Number 65-0102402	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LAWRENCE, JODI B MT. SINAI MEDICAL CENTER OF GREATER MIAMI 4300 ALTON ROAD MIAMI BEACH FL 33140				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	CP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	FUNK, MORRIS S			1.2 NAME	Fred D. Hirt		
STREET ADDRESS	201 NE 112TH STREET			1.3 STREET ADDRESS	4300 Alton Road		
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP	Miami, FL 33140		
TITLE	CD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	O'LAUGHLIN, JEANNE SR.			2.2 NAME	Bart Goldberg		
STREET ADDRESS	11300 N.E. 2ND AVE.			2.3 STREET ADDRESS	301-41 Street		
CITY-ST-ZIP	MIAMI SHORES FL			2.4 CITY-ST-ZIP	Miami Beach, FL 33140		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WATTS, HOWARD			3.2 NAME	Sr. Mary McNally, OSF		
STREET ADDRESS	901 45TH ST			3.3 STREET ADDRESS	2924 W. Curtis Street		
CITY-ST-ZIP	W PALM BCH FL			3.4 CITY-ST-ZIP	Tampa, FL 33614		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SWINDLING, EILEEN			4.2 NAME	Sr. Lucy Cardet, OSF		
STREET ADDRESS	201 N.E. 112TH ST.			4.3 STREET ADDRESS	138 NE 111 Street		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	Miami Shores, FL 33161		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, MARIE C SR			5.2 NAME	James W. Orovitz		
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100			5.3 STREET ADDRESS	6400 SW 120 Street		
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP	Miami, FL 33156		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CZERNIEC, TIMOTHY H			6.2 NAME	Virginia Goldman		
STREET ADDRESS	201 NE 112 AVENUE			6.3 STREET ADDRESS	4300 Alton Road		
CITY-ST-ZIP	MIAMI FL			6.4 CITY-ST-ZIP	Miami, FL 33140		

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 REQUIRED July 2, 1996 674-2143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)