

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 REHABILITA
TION 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.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

65-0102402

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**

8. 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

**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 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 **FUNK, MORRIS S**
STREET ADDRESS **201 NE 112TH STREET**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **CP** ☐ Change ☒ Addition
1.2 NAME **Fred D. Hirt**
1.3 STREET ADDRESS **4300 Alton Road**
1.4 CITY-ST-ZIP **Miami, FL 33140**

TITLE **CD** ☒ DELETE
NAME **O'LAUGHLIN, JEANNE SR.**
STREET ADDRESS **11300 N.E. 2ND AVE.**
CITY-ST-ZIP **MIAMI SHORES FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Bart Goldberg**
2.3 STREET ADDRESS **301-41 Street**
2.4 CITY-ST-ZIP **Miami Beach, FL 33140**

TITLE **D** ☐ DELETE
NAME **WATTS, HOWARD**
STREET ADDRESS **901 45TH ST**
CITY-ST-ZIP **W PALM BCH FL**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Sr. Mary McNally, OSF**
3.3 STREET ADDRESS **2924 W. Curtis Street**
3.4 CITY-ST-ZIP **Tampa, FL 33614**

TITLE **T** ☒ DELETE
NAME **SWINDLING, EILEEN**
STREET ADDRESS **201 N.E. 112TH ST.**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Sr. Lucy Cardet, OSF**
4.3 STREET ADDRESS **138 NE 111 Street**
4.4 CITY-ST-ZIP **Miami Shores, FL 33161**

TITLE **D** ☒ DELETE
NAME **SULLIVAN, MARIE C SR**
STREET ADDRESS **6200 COURTNEY CAMPBELL CAUSEWAY, STE. 100**
CITY-ST-ZIP **TAMPA FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **James W. Orovitz**
5.3 STREET ADDRESS **6400 SW 120 Street**
5.4 CITY-ST-ZIP **Miami, FL 33156**

TITLE **D** ☒ DELETE
NAME **CZERNIEC, TIMOTHY H**
STREET ADDRESS **201 NE 112 AVENUE**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME **Virginia Goldman**
6.3 STREET ADDRESS **4300 Alton Road**
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 2, 1996

Date

674-2143

Daytime Phone #

0006039

CR2E037 (3/96)