

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 33161-7022



3. Date Incorporated or Qualified 07/13/1984 3a. Date of Last Report 07/19/1996
4. FEI Number 65-0102402 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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

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
24 25 29 30

9. Name and Address of Current Registered Agent
~~LAWRENCE, JODI B~~
MT. SINAI MEDICAL CENTER OF GREATER MIAMI
4300 ALTON ROAD
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent
81 Name Alyson Serell
82 Street Address (P.O. Box Number is Not Acceptable) 4300 Alton Road
83
84 City Miami Beach FL 85 Zip Code 33140

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent to 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: *Alyson Serell* DATE: 2/18/97

12. OFFICERS AND DIRECTORS
TITLE CP [] DELETE
NAME HIRT, FRED C.
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI FL
TITLE D [] DELETE
NAME GOLDBERG, BART
STREET ADDRESS 301-41 STREET
CITY-ST-ZIP MIAMI BEACH FL
TITLE D [] DELETE
NAME MCHALLY, MARY
STREET ADDRESS 2924 W. CURTIS STREET
CITY-ST-ZIP TAMPA FL
TITLE D [] DELETE
NAME GARDET, LUCY
STREET ADDRESS 128 NE 111 STREET
CITY-ST-ZIP MIAMI SHORES FL
TITLE D [] DELETE
NAME OROVITZ, JAMES W.
STREET ADDRESS 6400 SW 120 STREET
CITY-ST-ZIP MIAMI FL
TITLE S [] DELETE
NAME GOLDMAN, VIRGINIA
STREET ADDRESS 4300 ALTON ROAD
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: *Fred D. Hirt* Fred D. Hirt 674-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031675

CR2E037 (9/96)