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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

65-0102402

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SERELL, ALYSON
4300 ALTON RD
MIAMI BCH 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 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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:



1/21/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E087 (10/97)