

FILE NOW: FILING FEE IS \$61.25

FILED

**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 201 N.E. 112TH ST. MIAMI FL 33161	Mailing Address 201 N.E. 112TH ST. MIAMI FL 33161
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3. Date Incorporated or Qualified 07/13/1984		
4. FEI Number 65-0102402	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
SERELL, ALYSON 4300 ALTON RD MIAMI BCH FL 33140	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP HIRT, FRED C. 4300 ALTON ROAD MIAMI FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GOLDBERG, BART 301-41 STREET MIAMI BEACH FL	1.2 NAME	
STREET ADDRESS	D MCHALLY, MARY 2924 W. CURTIS STREET TAMPA FL	1.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	D GARDET, LUCY 128 NE 111 STREET MIAMI SHORES FL	1.4 CITY-ST-ZIP	
TITLE	D OROVITZ, JAMES W. 6400 SW 120 STREET MIAMI FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	2.2 NAME	
STREET ADDRESS	D Sharkey, Gladys 631 11th Street North St. Petersburg, FL 33705	2.3 STREET ADDRESS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	D GARDET, LUCY 128 NE 111 STREET MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	D OROVITZ, JAMES W. 6400 SW 120 STREET MIAMI FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	3.2 NAME	
STREET ADDRESS	D OROVITZ, JAMES W. 6400 SW 120 STREET MIAMI FL	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	4.2 NAME	
STREET ADDRESS	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	4.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	5.2 NAME	
STREET ADDRESS	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	6.2 NAME	
STREET ADDRESS	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	S GOLDMAN, VIRGINIA 4300 ALTON ROAD MIAMI FL	6.4 CITY-ST-ZIP	

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: _____ **SIGNATURE REQUIRED** *1/21/98*

CR2E087 (10/97)