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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90176 023 \*\*\*\*70.00

**DOCUMENT # N04191**

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

506561 - 90176 - 23



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/13/1984

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP  
NAME HIRT, FRED C. ☒ DELETE  
STREET ADDRESS 4300 ALTON ROAD  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME GOLDBERG, BART ☐ DELETE  
STREET ADDRESS 301-41 STREET  
CITY-ST-ZIP MIAMI BEACH FL

TITLE D  
NAME SHARKEY, GLADYS ☒ DELETE  
STREET ADDRESS 631 11TH STREET NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE D  
NAME GARDET, LUCY ☐ DELETE  
STREET ADDRESS 128 NE 111 STREET  
CITY-ST-ZIP MIAMI SHORES FL

TITLE D  
NAME OROVITZ, JAMES W. ☒ DELETE  
STREET ADDRESS 6400 SW 120 STREET  
CITY-ST-ZIP MIAMI FL

TITLE S  
NAME GOLDMAN, VIRGINIA ☐ DELETE  
STREET ADDRESS 4300 ALTON ROAD  
CITY-ST-ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CP ☒ Change ☐ Addition  
1.2 NAME PERRY, BRUCE M.  
1.3 STREET ADDRESS 4300 ALTON ROAD  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33140

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE D ☒ Change ☐ Addition  
3.2 NAME STREVA, JO MARIE  
3.3 STREET ADDRESS 7502 MAYFAIR COURT  
3.4 CITY-ST-ZIP TAMPA, FL. 33634

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME JONAS, IVAN  
5.3 STREET ADDRESS 4701 N. MERDIAN AVENUE  
5.4 CITY-ST-ZIP MIAMI, FL 33140

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED *[Signature]* 4/29/99

305/674-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)