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NONPROFIT CORPORATION ANNUAL REPORT 1999

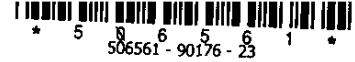


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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 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 SHARKEY, GLADYS
STREET ADDRESS 631 11TH STREET NORTH
CITY-ST-ZIP ST PETERSBURG FL 33705

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 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)