

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90051 016 ****70.00

001-007

DOCUMENT # N04191

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0102402

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRIEDLAND, PRISCILLA
 4300 ALTON RD
 MIAMI BCH FL 33140**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: PRISCILLA FRIEDLAND

3/14/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

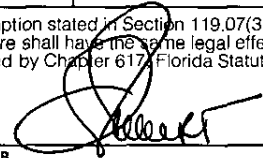
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CP	<input type="checkbox"/> Delete
NAME	PERRY, BRUCE M	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, BART	
STREET ADDRESS	301-41 STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STREVA, JO MARIE	
STREET ADDRESS	7502 MAYFAIR CT	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDET, LUCY	
STREET ADDRESS	128 NE 111 STREET	
CITY-ST-ZIP	MIAMI SHORES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONAS, IVAN	
STREET ADDRESS	4701 N MERIDIAN AVE	
CITY-ST-ZIP	MIAMI FL 33140	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELKER, CHARLENE	
STREET ADDRESS	4300 ALTON ROAD	
CITY-ST-ZIP	MIAMI FL 33140	

TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Soren D Sonenreich	
STREET ADDRESS	4300 Alton Road	
CITY-ST-ZIP	MIAMI, FL 33140	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE WELKER



1-29-02

3456742201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

CR2E037 (9/01)