2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000006305

1. Entity Name
MOUNT SINAI MEDICAL OFFICE BUILDING II, INC.

Principal Place of Business
4300 ALTON ROAD
FIFTH FLOOR, WARNER BUILDING
MIAMI BEACH, FL 33140

Mailing Address
4300 ALTON ROAD
FIFTH FLOOR, WARNER BUILDING
MIAMI BEACH, FL 33140

01092008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-5737392
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDLAND, PRISCILLA
4300 ALTON ROAD
FIFTH FLOOR, WARNER BUILDING
MIAMI BEACH, FL 33140

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	MGRM
NAME	SONENREICH, STEVEN D
STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	MENDEZ, ALEX
STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	MGRM
NAME	PERRY, AMY
STREET ADDRESS	4300 ALTON ROAD
CITY-ST-ZIP	MIAMI, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/08-80013-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/22/08 305/674-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

STEVEN D. SONENREICH