


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # N05000006305</b> 1. Entity Name MOUNT SINAI MEDICAL OFFICE BUILDING II, INC.	
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5737392	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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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**DO NOT WRITE  
IN THIS SPACE**

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

<b>Filing Fee Is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SONENREICH, STEVEN D 4300 ALTON ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENDEZ, ALEX 4300 ALTON ROAD MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRY, AMY 4300 ALTON ROAD MIAMI, FL 33140
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01/31/08-80013-002 61.25

**DO NOT WRITE  
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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 another line empowered.

**SIGNATURE:** STEVEN D. SONENREICH **1/22/08** **305/674-2223**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #