2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009843

Entity Name: NEW MT. SINAI OUTREACH CENTER, INC.

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
3021 NW 12TH STREET FT. LAUDERDALE, FL 33311 Current Mailing Address:				1170 SUNSET STRIP SUNRISE, FL 33313 New Mailing Address:			
FEI Number: 06-1796071 FEI Number Applied For () FE				Number Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Current Registered Agent:		Name and	Address o	of New Registered Agent:	
563 N. UN PLANTATI	ON, GRITLEY IVERSITY DRI ION, FL 33324	l US	urpose o	f changing i	ts registere	d office or registered agent, or both,	
	e of Florida.	submits this statement for the p	ai pose o	r changing r	is registere	d office of registered agent, or both,	
SIGNATUR	RE:						
	Electror	nic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGI	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip: Title:	CRANSTION, G 563 N. UNIVER PLANTATION, I	SITY DRIVE		Title: Name: Address: City-St-Zip: Title:	563 N. UNIV	(X) Change () Addition N, GRITLEY J /ERSITY DRIVE N, FL 33324 (X) Change () Addition	
Name: Address: City-St-Zip:	SMITH, HARTV 1471 NW 60TH SUNRISE, FL	/ELL AVENUE		Name: Address: City-St-Zip:	SMITH, HAR 1170 SUNS SUNRISE, F	ET STRIP	
Title: Name: Address: City-St-Zip:	S (SMITH, SOPHI 1855 NW 60TH SUNRISE, FL	AVENUE		Title: Name: Address: City-St-Zip:	2223 NW 56	(X) Change()Addition D, MILLICENT BTH AVENUE LL, FL 33313	
Title: Name: Address: City-St-Zip:	T (X MCDONALD, M 2223 NW 56TH LAUDERHILL,	AVENUE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	HARGRETT, ÈI	VENUE APT 101		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (X JONES, NEKIS 4921 NW 15TH LAUDERHILL,	STREET		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRITLEY CRANSTON DP 04/30/2009