

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009505

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** MOUNT SINAI UNIVERSITY OF FLORIDA, INC.

**Current Principal Place of Business:**

12515 ORANGE DRIVE  
SUITE 810  
DAVIE, FL 33330

**New Principal Place of Business:**

201 RACQUET CLUB RD.  
SUITE S312  
WESTON, FL 33326

**Current Mailing Address:**

12515 ORANGE DRIVE  
SUITE 810  
DAVIE, FL 33330

**New Mailing Address:**

201 RACQUET CLUB RD.  
SUITE S312  
WESTON, FL 33326

FEI Number: 26-1137996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMIREZ, ALFREDO  
201 RACQUET CLUB RD  
S312  
WESTON, FL 33326 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RAMIREZ, ALFREDO  
Address: 201 RACQUET CLUB RD APT S312  
City-St-Zip: WESTON, FL 33326

Title: VP  
Name: RAMIREZ, SAUL  
Address: 201 RACQUET CLUB RD APT S312  
City-St-Zip: WESTON, FL 33326

Title: S,T  
Name: COLPAS, FARIDES  
Address: 201 RACQUET CLUB RD APT S312  
City-St-Zip: WESTON, FL 33326

I hereby 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 all other like empowered.

SIGNATURE: ALFREDO RAMIREZ

P

04/19/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date