

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N20534 (6)**1. Corporation Name  
**MS/MJH-HHA II, INC.**

Principal Place of Business

Mailing Address

**% MOUNT SINAI MEDICAL CENTER  
4300 ALTON ROAD  
MIAMI BEACH FL 33140****% MOUNT SINAI MEDICAL CENTER  
4300 ALTON ROAD  
MIAMI BEACH FL 33140-2849**3. Date Incorporated or Qualified  
**05/07/1987**3a. Date of Last Report  
**04/24/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

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5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00 May Be  
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JODI B. LAURENCE  
4300 ALTON ROAD  
MIAMI BEACH FL 33140**81 Name **ALYSON R. SERELL**82 Street Address (P.O. Box Number is Not Acceptable)  
**4300 Alton Road**84 City **MIAMI BEACH, FL FL** 85 Zip Code  
**33140**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☒ DELETE  
NAME **PASKOW, GEOFFREY**  
STREET ADDRESS **4300 ALTON RD**  
CITY-ST-ZIP **MIAMI BEACH FL**1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Larry Hudson**  
1.3 STREET ADDRESS **4300 Alton Road**  
1.4 CITY-ST-ZIP **Miami Beach, FL 33140**TITLE **TD** ☒ DELETE  
NAME **CYPEN, STEPHEN**  
STREET ADDRESS **5200 NE 2ND AVE**  
CITY-ST-ZIP **MIAMI FL**2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **Robert J. Henkel**  
2.3 STREET ADDRESS **4300 Alton Road**  
2.4 CITY-ST-ZIP **Miami Beach, FL 33140**TITLE **SD** ☒ DELETE  
NAME **GOLDBERG, BARTON**  
STREET ADDRESS **4300 ALTON RD**  
CITY-ST-ZIP **MIAMI BEACH FL**3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **Amy Perry**  
3.3 STREET ADDRESS **4300 Alton Road**  
3.4 CITY-ST-ZIP **Miami Beach, FL 33140**TITLE **D** ☒ DELETE  
NAME **BIEN, LETTIE**  
STREET ADDRESS **4300 ALTON RD**  
CITY-ST-ZIP **MIAMI BEACH FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE **D** ☐ DELETE  
NAME **HIRT, FRED, D**  
STREET ADDRESS **4300 ALTON RD**  
CITY-ST-ZIP **MIAMI BEACH FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE **D** ☒ DELETE  
NAME **GOODMAN, TERRY**  
STREET ADDRESS **5200 NE 2ND AVE**  
CITY-ST-ZIP **MIAMI FL**6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0029675**

CR2E037 (9/96)