


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N20534** (6)

1. Corporation Name
MS-HHA II, INC.

Principal Place of Business % MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD MIAMI BEACH FL 33140	Mailing Address % MOUNT SINAI MEDICAL CENTER 4300 ALTON ROAD MIAMI BEACH FL 33140
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/07/1987	4. FEI Number 59-2805300	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**SERELL, ALYSON R.
4300 ALTON RD
MIAMI BEACH FL 33140**

10. Name and Address of New Registered Agent

81 Name Alyson R. Osman	85 Zip Code 33140
82 Street Address (P.O. Box Number is Not Acceptable) 4300 Alton Road	
83	
84 City Miami Beach, FL	

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

Alyson R. Osman

1/12/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D HUSON, LARRY
STREET ADDRESS	4300 ALTON ROAD
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HENKEL, ROBERT J.
STREET ADDRESS	4300 ALTON ROAD
CITY - ST - ZIP	MIAMI BCH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D PERRY, AMY
STREET ADDRESS	4300 ALTON RD
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	D HIRT, FRED, D
STREET ADDRESS	4300 ALTON RD
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I 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:

Sandra B. Mortham

1/12/98

674-2143

CR2E037 (10/97)