

N21000000506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

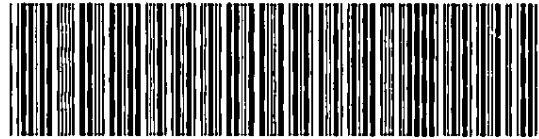
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/22-- 01020---025 **35.00

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2022 MAR -7 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FL

1169-

cf 3/9/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: MOUNT SINAI ELDERCARE, INC.

DOCUMENT NUMBER: N21000000506

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arnold Jaffee

(Name of Contact Person)

Mount Sinai Medical Center

(Firm/ Company)

4300 Alton Road, Fifth Floor

(Address)

Miami Beach, Florida 33140

(City/ State and Zip Code)

ajaffee@msmc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Butt, Esq.

(Name of Contact Person)

813 202-1304

at (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|---|--|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Mount Sinai

MEDICAL CENTER

March 1, 2022

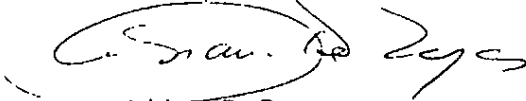
Ms. Clarethia Golden
Regulatory Specialist II
Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Subjet: Mount Sinai Eldercare, Inc.
Ref: N21000000506

Dear Ms. Golden as per your instructions, please find enclosed the application duly signed by
Mrs. Lynda Barcelo, Assistant Vice President.

If you need any further assistance, please let us know.

Thank you



Adriana De Zayas
Assistant to
Arnold M. Jaffee
SVP, General Counsel

Mount Sinai Medical Center

1200 Alton Road
Miami Beach, FL 33140
Phone: 305 674 2121
msm.com

Mount Sinai Primary & Specialty Care

Aventura	Hialeah - Miami Lakes	Skyline
Coral Gables	Key Biscayne	Sunny Isles Beach
Hialeah	Miami Shores	Mount Sinai CardioLOGY

Mount Sinai Free-Standing Emergency Departments

Aventura
Hialeah

Mount Sinai Comprehensive Cancer Center

1300 Alton Road
Miami Beach, FL 33140
Phone: 305 674 9100



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2022

ARNOLD JAFFE
4300 ALTON ROAD
FIFTH FLOOR
MIAMI BEACH, FL 33140

SUBJECT: MOUNT SINAI ELDERCARE, INC.
Ref. Number: N21000000506

We have received your document for MOUNT SINAI ELDERCARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 022A00003990

Articles of Amendment
to
Articles of Incorporation
of

FILED

MOUNT SINAI ELDERCARE, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

2022 MAR -7 PM 4:00

N21000000506

(Document Number of Corporation (if known))

SECRETARY OF STATE
TALLAHASSEE, FL

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

N/A

*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

New Registered Office Address:

N/A

(Florida street address)

(City)

Florida
(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<u>X</u> Change	<u>PT</u>	<u>John Doe</u>
<u>X</u> Remove	<u>V</u>	<u>Mike Jones</u>
<u>X</u> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <u> </u> Change <u>X</u> Add <u> </u> Remove	<u>S</u>	<u>Arnold M. Jaffee</u>	<u>4300 Alton Road, Fifth Floor</u> <u>Miami Beach, Florida 33140</u>
2) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
3) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
4) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
5) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>
6) <u> </u> Change <u> </u> Add <u> </u> Remove	<u> </u>	<u> </u>	<u> </u>

F. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Add a new Article: ARTICLE VIII

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of
Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code (any qualifying
receiving entity being referred to as "501(c)(3) Entity"); provided, however, if Mount Sinai Medical Center of Florida, Inc.

or its successor entity ("Mount Sinai") is 501(c)(3) Entity, those assets shall be distributed to Mount Sinai. Any assets not so disposed shall be disposed of by a court of competent jurisdiction of the county in which the principal office of the Corporation is located. Disposal shall be made exclusively for exempt or public purposes, or be made to such organization or organizations as the court shall determine to be organized exclusively for such purposes.

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

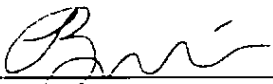
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated February 28, 2022

Signature 
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Lynda R. Barcelo

(Typed or printed name of person signing)

Assistant Vice President

(Title of person signing)