

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9: 33

DOCUMENT # N42715 (5)

1. Corporation Name
TEMPLE SINAI, INC.

Principal Place of Business Mailing Address
1802 KENILWORTH SARASOTA FL 34231 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/25/1991 3a. Date of Last Report 02/18/1994
4. FEI Number 59-3056302 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
WINDT, JACK WM.
2389 RINGLING BLVD.
SUITE A
SARASOTA FL 34237

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARCUS, MICHAEL
STREET ADDRESS	5224 SIESTA COVE DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	VD
NAME	DREFFIN, SCOTT
STREET ADDRESS	2453 PROCTOR RD.
CITY-ST-ZIP	SARASOTA FL
TITLE	TD
NAME	WEED, GLORIA
STREET ADDRESS	4213 PASADENA CIR
CITY-ST-ZIP	SARASOTA FL
TITLE	SD
NAME	SEITMAN, MURRAY
STREET ADDRESS	5644 COUNTRY LAKES DRIVE
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MURRAY SEITMAN	
1.3 STREET ADDRESS	5644 COUNTRY LAKES DR	
1.4 CITY-ST-ZIP	SARASOTA, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SUMNER KAUFMAN, M.D.	
2.3 STREET ADDRESS	4554 ATWOOD CAY CIR	
2.4 CITY-ST-ZIP	SARASOTA, FL	
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	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANCY SWART	
4.3 STREET ADDRESS	157 PUESTA DEL SOL	
4.4 CITY-ST-ZIP	OSPREY, FL	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 unchanged, or as an attachment with an addition.

SIGNATURE: Gloria Weed Date: 1/23/95 Time: 8:13 924-1808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR