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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STANDARD SANDRA B. MONWAIN

FILED

Feb 17 1997 8:00am

Secretary of State

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N42715

(5)

TEMPLE SINAI, INC.

Frincipal Place of Business Mailing Address							FIFF DIDA BIOLI		BIOH CION ISON	
1802 KENILWORTH 1802 KENILWORTH SARASOTA FL 34231 SARASOTA FL 34231-US US			4							
		33				 Date Incorporated or Qualified 03/25/1991 	3a. Date	of Last R 3/13/19	teport 996	
21]	al Place of Business	2a. Mailing Address 26	<u></u>			4. FEI Number 59-3056302	Applied For Not Applicable			
22] Suite, A	Apt. #, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional equired	
City & S	State	City & State	⊢ ¬ ′			Election Campaign Financing Trust Fund Contribution			May Be to Fees	
Zip				try		8. This corporation has liability for i			199.032,	
24]	25 29 30 30 9. Name and Address of Current Registered Agent					Florida Statutes				
 	9. Name and Address	of Current Registered Agent		31		10. Name and Address of New Re	gistered Ag	jent		
14814	- 148121184		0	"	Name					
WINDT, JACK WM. 2389 RINGLING BLVD.			В	32	Street Addr	ress (P.O. Box Number is Not Acceptab	le)			
2389 SUITI			. <u>B</u>	33					 	
	ASOTA FL 34237		· L							
W111	100 In 16 oteo:		8	34	City		FL	85 Zip (Code	
11. Pursua	ant to the provisions of Section	ns 617,0502 and 617,1508, Florida Statutes	s, the abo	ove-i	named corp	poration submits this statement for the p	urpose of c	<u> </u>	ts registered	
attice i	or registered agent, or both, in	n the State of Florida. Such change was au at the obligations of, Section 617.0503, Flori	uthorized I	by t	the corporat	ion's board of directors. I hereby accep	it the appoir	ntment as	registered	
SIGNATUF	•	•								
	Signature, typed or printed name of	** * *********************************	_	gent	signature requir	red when reinstaling)	DATE			
12.	·····	OFFICERS AND DIRECTORS 1 PD DELETE 5				ADDITIONS/CHANGES TO OFFIC				
TITLE	1 '-	,			4	RESIDENT DIRECTOR	L	_ Change	Addition	
NAME CIDEET ADDDE	SEITMAN, MURRAY SS 5644 COUNTRY LAI			1.2 NAME		DREFFIN LOWI 453 PROTOR RD				
STREET ADDRE	SARASOTA FL	NEO DA	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			HRASOTA FL 3423.				
C-TY-ST-ZIP TITLE		VP PIREMON DELETE			برمب ۱۳۷	124501A FF 27 F3		Change	Addition	
NAME	GERSHON, MIRIAM		2.1 TITLE 2.2 NAME				_	_ Unango	LJ Addition	
STREET ADDRE		=	2.3 STREET ADDRESS		DORESS					
C TY-ST-ZIP	SARASOTA FL	-	2 4 CITY-ST-ZIF							
TITLE	SD DIRECT	DELETE	3.1 TITLE		- Ch	7.0.	E	Change	Addition	
NAME	ROSEN, RHODA		3.2 NAMI	ΙE				_		
STREET ADDRE	TREET ADDRESS 7137 FAIRWAY BEND CIRCLE			ET AD	DDRESS					
C TY-ST-ZIP	SARASOTA FL		3.4. CITY - ST - ZIP							
TITLE	TD DIRECTORS						L	Change	Addition	
			A 2 NAM							
S'REET ADDRES		OL	4.3 STREE							
CITY-ST-ZIP	OSPREY FL			- ST - 2	ZIP			T Channe	T 44425	
NAME		ت مدداد	5.1 TITLE 5.2 NAME				_	_ Change	Addition	
STREET ADDRES	90		5.3 STREE		nnnece					
CITY-ST-ZIP	33				1					
TITLE				5.4 CITY - ST - ZIP 6.1 TITLE				Change	Addition	
NAME			6.2 NAME				_		$\overline{}$	
STREET ADDRESS			6.3 STREET ADDRESS		DDRESS		A	ار	1.40	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		ZIP	Bank Dex	> [#] (a)	35°	ላሌ//	
informa I am ar	ation indicated on this annual i n officer or director of the corp	on supplied with this filing does not qualify report or supplemental annual report is tru ocration or the receiver or trustee empower hanged, or on an attachment with an addre	ie and acc red to exe	CUITA	ate and that	my signature shall have the same legal	effect as if	made una	der oath, that	