FILE NOW: FILING FEE IS \$61.25

~ NONPROFIT CORPORATION ANNUAL REPORT

1. Corporation Name

TEMPLE SINAI, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRE MRY OF STATE TABLAHASSEE, FLORIDA

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DOCUMENT #	NA0715	,

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Principal Place of Business Mailing Address											
1802 KENILWORTH SARASOTA FL 34231 US 1802 KENILWORTH SARASOTA FL 34231 US						1 184	1841 41 8 21616 1816 1880 1286 4111 4141 4161 4161 4161 4161 4161 4161				
		us				3/2	laa a	DINA	1741	18/1	
2. Principal I	Place of Business	2a. Mailing Address			<u> </u>	3. Date in	corporated or Quali	fed	$\underline{\smile}$	i ŵ	
21		26				03/25	•				
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				4. FEI Nur				oplied Fo	
22		27				59-30	56302			int ≛ii.	
City & Sta	ite	City & State								Additiona	
23		28				o. Certifica	te of Status Desire	d 🗆		Required	
Zip	Country	Zip	Cou	intry		6. Election	Campaign Financi	ng _	\$5.00	 D Mav Be	
24	25	29	30				and Contribution	g 🗆	•	to Fees	
9. Name and Address of Current Registered Agent				10. Name a	and Address of Ne	w Registere	d Agent				
				81	Name						
WINDT, J	ACK WM.			82	Street Ad	Idress (P.O. Box	Number is Not Acc	entable)			
2389 RIN	gling blyd.										
- SUITE A				83							
SARASO	TA FL 34237		•	84	City				lack 7:-		
-,					-	FL 85 Zip Code					
	to the provisions of Sections 617.0502 a registered agent, or both, in the State of am familiar with, and accept the obligatio					rporation submits tion's board of di	this statement for rectors, I hereby ac	the purpose of cept the app	of changing it cintment as r	s . Agistered egistered	
SIGNATURE											
12.	Signature, typed or printed name of registered agent at			Agent	signature requi	ared when reinstating)		DATE			
TITLE	OFFICERS AND	DIRECTORS DELETE	13.				NS/CHANGES TO	OFFICERS A			
NAME	DREFFIN, LORI	M ACTE IE	1,1 Π			Presida	ent D		Change	□ = ′	
STREET ADDRESS	1		12 NA			Stuart	Goldfart)			
CITY-ST-ZIP	SARASOTA FL 34231		4		ADDRESS	1826 E	Brookhave	n Dr			
TITLE	VPD	X DÉLETE	14 CF		ZIP	Sarasot	a, Fl 34	239			
NAME	GERSHON, MIRIAM	₩ ACTELE	2.1 Ttt	_	1	Treasure			☐ Change	L.,	
STREET ADDRESS			2.2 NA	-	I	Dr. Joni	. Steinbe	rg			
CITY-ST-ZIP	SARASOTA FL		1				eling Dr.				
TITLE	SD SD	X DELETE	2.4 CI				. Fī 342				
NAME	MERRIAM, ALVIN	A DELETE	3.1 TT	_			1 Secret		Change	L = : :	
STREET ADDRESS			3.2 NA). Schwar		-		
CITY-ST-ZIP	A . C . CIOI II ILLED CAIRE		1			1620 Boa	thouse C	ir #0	3107		
TITLE	SARASOTA FL 34241	SI DELETE	3.4 CI				F1, 34	_			
NAME	· -	DELETE	4.1 TIT				sident _	${\mathcal D}$	Change	□	
STREET ADDRESS	MIHALEY, LORI-NAN		4 2 NA	-		Fred Pfl		L 1-			
	AND LINDSHIT ON						mrose Pa	_			
CITY-ST-ZIP	SARSOTA FL 34233		44 CIT		ZIP S	Sarasota	i, F1 342	42			
NAME	<u>.</u>	☐ DELETE	5.1 TIT						Change		
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14. Thereby certify that the information supplied with this filling 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 trusted 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 interface with all puter like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

2/13/99

Date Davame en

☐ Change