

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 04, 2005
Secretary of State**

DOCUMENT# N42715

Entity Name: TEMPLE SINAI, INC.

Current Principal Place of Business:

1802 KENILWORTH
SARASOTA, FL 34231 US

New Principal Place of Business:

Current Mailing Address:

1802 KENILWORTH
SARASOTA, FL 34231 US

New Mailing Address:

FEI Number: 59-3056302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PADEREWSKI, ALEXANDER
1834 MAIN STREET
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ROSEN, MARVIN
Address: 9442 CEDAR RIDGE LN
City-St-Zip: SARASOTA, FL 34242

Title: SD () Delete
Name: BENICE, RONALD
Address: 4452 DEER TRAIL BLVD
City-St-Zip: SARASOTA, FL 34238

Title: PD () Delete
Name: BASEMAN, GWEN
Address: 6106 MISTY OAKS STREET
City-St-Zip: SARASOTA, FL 34243

Title: FSD () Delete
Name: MANSON, JAMES
Address: 5197 FLICER FIELD CIRCLE
City-St-Zip: SARASOTA, FL 34231

Title: VPD () Delete
Name: CARMEL, NORMAN
Address: 2265 SUNNYSIDE LANE
City-St-Zip: SARASOTA, FL 34239

Title: VPD () Delete
Name: APPLEBAUM, ROBERT
Address: 7636 FAIRWAY WOODS DR
City-St-Zip: SARASOTA, FL 34238

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GWEN JOY BASEMAN

PD

01/04/2005

Electronic Signature of Signing Officer or Director

Date