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

P51

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
(See additional page)
page 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/29/95--01069--017
****155.00 ****155.00
DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N 93000000064

1. Corporation Name

MOUNT SINAI MEDICAL CENTER
PHYSICIAN-HOSPITAL ORGANIZATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4300 Alton Road<br>Miami Beach, Fl 33140 | 4300 Alton Road<br>Miami Beach, Fl 33140 |

3. Date Incorporated or Qualified: 1/4/93
3a. Date of Last Report: 2/23/94
4. FEI Number: 65-0398755 ☐ Applied For ☐ Not Applicable

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

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

**9. Name and Address of Current Registered Agent**

Cutler, A. Budd
4300 Alton Road
Miami Beach, Fl 33140

**10. Name and Address of New Registered Agent**

81 Name: Laurence, Jodi B.
82 Street Address (P.O. Box Number is Not Acceptable): 4300 Alton Road
83
84 City: Miami Beach **FL** 85 Zip Code: 33140

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | D | 1.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | Cutler, A. Budd | 1.2 NAME | Laurence, Jodi B. | |
| STREET ADDRESS | 4300 Alton Road | 1.3 STREET ADDRESS | 4300 Alton Road | |
| CITY-ST-ZIP | Miami Beach, Fl 33140 | 1.4 CITY-ST-ZIP | Miami Beach, Fl 33140 | |
| TITLE | D | 2.1 TITLE | D,C | ☐ Change ☒ Addition |
| NAME | Hudson, Larry | 2.2 NAME | Stephen, Kulvin, M.D | |
| STREET ADDRESS | 4300 Alton Road | 2.3 STREET ADDRESS | 4300 Alton Road | |
| CITY-ST-ZIP | Miami Beach, Fl 33140 | 2.4 CITY-ST-ZIP | Miami Beach, Fl 33140 | |
| TITLE | D,T | 3.1 TITLE | D,S | ☐ Change ☒ Addition |
| NAME | Sonenreich, Steven D. | 3.2 NAME | Fred Rosenbloom, M.D. | |
| STREET ADDRESS | 4300 Alton Road | 3.3 STREET ADDRESS | 4300 Alton Road | |
| CITY-ST-ZIP | Miami Beach, Fl 33140 | 3.4 CITY-ST-ZIP | Miami Beach, FL 33140 | |
| TITLE | D,P | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | Hirt, Fred D. | 4.2 NAME | Peter, H. Segall, M.D. | |
| STREET ADDRESS | 4300 Alton Road | 4.3 STREET ADDRESS | 4300 Alton Road | |
| CITY-ST-ZIP | Miami Beach, Fl 33140 | 4.4 CITY-ST-ZIP | Miami Beach, FL 33140 | |
| TITLE | D | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | Gratz, Charles D. | 5.2 NAME | Jack, Turken, M.D. | |
| STREET ADDRESS | 4300 ALton Road | 5.3 STREET ADDRESS | 4300 Alton Road | |
| CITY-ST-ZIP | Miami Beach, Fl 33140 | 5.4 CITY-ST-ZIP | Miami Beach, FL 33140 | |
| TITLE | D | 6.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | Robinson, Morton | 6.2 NAME | Robert T. Bass, M.D. | |
| STREET ADDRESS | 4300 Alton Road | 6.3 STREET ADDRESS | 4300 Alton Road | |
| CITY-ST-ZIP | Miami Beach, Fl 33140 | 6.4 CITY-ST-ZIP | Miami Beach, Fl 33140 | CH |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 trustee 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 address.

**SIGNATURE:** Jodi Laurence
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

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2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
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Cutler A. Budd
4300 Alton Road
Miami Beach, FL 33140

10. Name and Address of New Registered Agent

01 Name: Jodi B. Laurence
02 Street Address (P.O. Box Number is Not Acceptable)
03: 4300 Alton Road
04 City: Miami Beach **FL** 05 Zip Code: 33140

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | D<br>Antonio Fernandez, M.D.<br>4300 Alton Road<br>Miami Beach, FL 33140 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | D<br>Raul Medina<br>4300 Alton Road<br>Miami Beach, FL 33140 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>Leonardo Blachar M.D.<br>4300 Alton Road<br>Miami Beach, FL 33140 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>Lawrence D. Spindel M.D.<br>4300 Alton Road<br>Miami Beach, FL 33140 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

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**SIGNATURE:** Jodi B. Laurence
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #