

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000064 (6)**  
1. Corporation Name  
**MOUNT SINAI MEDICAL CENTER PHYSICIAN-HOSPITAL ORGANIZATION, INC.**



Principal Place of Business <b>4300 ALTON ROAD MIAMI BEACH FL 33140</b>	Mailing Address <b>4300 ALTON ROAD MIAMI BEACH FL 33140-2849</b>
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3. Date Incorporated or Qualified <b>01/04/1993</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>65-0398755</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent <b>LAURENCE, JODI B 4300 ALTON ROAD MIAMI BEACH FL 33140</b>		10. Name and Address of New Registered Agent	
		81 Name <b>ALYSON R. SERELL, ESQ.</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>4300 Alton Road</b>	
		83	
		84 City <b>Miami Beach, FL</b>	85 Zip Code <b>33140</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Alyson Serell* DATE: **1/20/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>LAURENCE, JODI B</b>		1.2 NAME <b>ROBERT J. HENKEL</b>	
STREET ADDRESS <b>4300 ALTON RD.</b>		1.3 STREET ADDRESS <b>4300 Alton Road</b>	
CITY-ST-ZIP <b>MIAMI FL 33140</b>		1.4 CITY-ST-ZIP <b>Miami Beach, FL 33140</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HUDSON, LARRY</b>		2.2 NAME <b>STEPHEN KULVIN</b>	
STREET ADDRESS <b>4300 ALTON ROAD</b>		2.3 STREET ADDRESS <b>4300 Alton Road</b>	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		2.4 CITY-ST-ZIP <b>Miami Beach, FL 33140</b>	
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SONENREICH, STEVEN D</b>		3.2 NAME	
STREET ADDRESS <b>4300 ALTON ROAD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		3.4 CITY-ST-ZIP	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HIRT, FRED D</b>		4.2 NAME	
STREET ADDRESS <b>4300 ALTON ROAD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRATZ, CHARLES D</b>		5.2 NAME	
STREET ADDRESS <b>4300 ALTON ROAD</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBINSON, MORTON</b>		6.2 NAME	
STREET ADDRESS <b>4300 ALTON ROAD</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI BEACH FL 33140</b>		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* Director/Treasurer 1/30/97 305-674-2899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)