


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF REVENUE
Sandra B. Morthan, Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000064 (6)

MOUNT SINAI MEDICAL CENTER PHYSICIAN-HOSPITAL ORGANIZATION, INC.



Principal Place of Business: 4300 ALTON ROAD, MIAMI BEACH FL 33140
Mailing Address: 4300 ALTON ROAD, MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 01/04/1993
4. FEI Number: 65-0398755

2. Principal Place of Business (21-24) and Mailing Address (25-28) details including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: SERELL, ALYSON R ESQ, 4300 ALTON RD, MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent: Alyson R. Osman, 4300 Alton Road, Miami Beach, FL 33140

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 Osman* 1/16/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: HENKEL, ROBERT J STREET ADDRESS: 4300 ALTON RD. CITY-ST-ZIP: MIAMI FL	1.1 TITLE:	
TITLE: D	NAME: HUDSON, LARRY STREET ADDRESS: 4300 ALTON ROAD CITY-ST-ZIP: MIAMI BEACH FL 33140	2.1 TITLE:	
TITLE: D	NAME: KULVIN, STEPHEN STREET ADDRESS: 4300 ALTON RD CITY-ST-ZIP: MIAMI BEACH FL	3.1 TITLE:	DP KULVIN, STEPHEN
TITLE: DP	NAME: HIRT, FRED D STREET ADDRESS: 4300 ALTON ROAD CITY-ST-ZIP: MIAMI BEACH FL 33140	4.1 TITLE:	D HIRT, FRED
TITLE: D	NAME: GRATZ, CHARLES D STREET ADDRESS: 4300 ALTON ROAD CITY-ST-ZIP: MIAMI BEACH FL 33140	5.1 TITLE:	
TITLE: D	NAME: ROBINSON, MORTON STREET ADDRESS: 4300 ALTON ROAD CITY-ST-ZIP: MIAMI BEACH FL 33140	6.1 TITLE:	

14. I 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]* 1/12/98 (305) 674-2143

CR2E087 (10/97)