


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)
1. Corporation Name

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
Applied For: Not Applicable

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

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
81 Name: Alyson R. Osman
82 Street Address (P.O. Box Number Is Not Acceptable): 4300 Alton Road
83 City: Miami Beach, FL
84 City: FL 85 Zip Code: 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 R. Osman* 1/16/98

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

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 REQUIRED* 1/12/98 (305) 674-2143

CR2E087 (10/97)