

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90036 004 ****61.25

DOCUMENT # N93000000064

1. Entity Name

MOUNT SINAI MEDICAL CENTER PHYSICIAN-HOSPITAL OR

Principal Place of Business

Mailing Address

**4300 ALTON ROAD
 MIAMI BEACH FL 33140**

**4300 ALTON ROAD
 MIAMI BEACH FL 33140-2800**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0398755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSMAN, ALYSON R
 4300 ALTON RD
 MIAMI BEACH FL 33140**

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PERRY, BRUCE M 4300 ALTON RD. MIAMI FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER BROOKS TURKEL 4300 ALTON ROAD MIAMI BEACH, FL 33140 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUDSON, LARRY 4300 ALTON ROAD MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP KULVIN, STEPHEN 4300 ALTON RD MIAMI BEACH FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HIRT, FRED D 4300 ALTON ROAD MIAMI BEACH FL 33140 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRATZ, CHARLES D 4300 ALTON ROAD MIAMI BEACH FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, MORTON 4300 ALTON ROAD MIAMI BEACH FL 33140 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date: **3/20/2000** Daytime Phone #: **305-674-2143**

CFR2E037 (9/99)