

N 930000000064

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00 JUL 12 AM 9:37
TALLAHASSEE, FLORIDA
STATE

Requester's Name
Address
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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____ 4000003320694--3
(Corporation Name) (Document #) -07/12/00--01028--004
*****455.00 *****35.00

4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

*RA Change
7-21-00
PTJ*

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation is: MOUNT SINAI MEDICAL CENTER
PHYSICIAN-HOSPITAL ORGANIZATION, INC.
- 2. The mailing address of the corporation is: 4300 ALTON ROAD
MIAMI BEACH, FL 33140
- 3. Date of incorporation/qualification: 1/4/93 Document number: N93 00000064
- 4. The name and address of the current registered agent and office:

ALYSON R. OSMAN
4300 ALTON ROAD
MIAMI BEACH, FL 33140

- 5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
- PRISCILLA FRIEDLAND
4300 ALTON ROAD
MIAMI BEACH, FL 33140

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
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The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

M. Brooks Tucker
(Signature of an officer, chairman or vice chairman of the board)

6/14/00
(Date)

M. BROOKS TUCKER, SR VP
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

Priscilla Friedland
(Signature of Registered Agent)

6/15/00
(Date)

If signing on behalf of an entity:

PRISCILLA FRIEDLAND
(Typed or Printed Name)

EXECUTIVE ASSISTANT
(Capacity)

*** FILING FEE: \$35.00 ***