


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90080 048 \*\*\*\*61.25

<b>DOCUMENT # N93000000064</b> 1. Entity Name <b>MOUNT SINAI MEDICAL CENTER PHYSICIAN-HOSPITAL ORGANIZATION, INC.</b>																																																																																																																													
Principal Place of Business <b>4300 ALTON ROAD MIAMI BEACH, FL 33140</b>			Mailing Address <b>4300 ALTON ROAD MIAMI BEACH, FL 33140</b>																																																																																																																										
2. Principal Place of Business		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip		Country		03042004 Chg-NP CR2E037 (10/03) 4. FEI Number <b>65-0398755</b>																																																																																																																									
				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																													
6. Name and Address of Current Registered Agent  <b>FRIEDLAND, PRISCILLA 4300 ALTON RD MIAMI BEACH, FL 33140</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																										
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"><b>SONENREICH, STEVEN D</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>4300 ALTON RD.</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>MIAMI BEACH, FL 33140</b></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"><b>MENDEZ, ALEX</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>4300 ALTON ROAD</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>MIAMI BEACH, FL 33140</b></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"><b>KULVIN, STEPHEN</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>4300 ALTON RD</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>MIAMI BEACH, FL 33140</b></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"><b>GRATZ, CHARLES</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>4300 ALTON ROAD</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>MIAMI BEACH, FL 33140</b></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"><b>ROBINSON, MORTON M.D.</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"><b>4300 ALTON ROAD</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"><b>MIAMI BEACH, FL 33140</b></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	D	<input type="checkbox"/> Delete	NAME	<b>SONENREICH, STEVEN D</b>		STREET ADDRESS	<b>4300 ALTON RD.</b>		CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>		TITLE	TD	<input type="checkbox"/> Delete	NAME	<b>MENDEZ, ALEX</b>		STREET ADDRESS	<b>4300 ALTON ROAD</b>		CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>		TITLE	PD	<input type="checkbox"/> Delete	NAME	<b>KULVIN, STEPHEN</b>		STREET ADDRESS	<b>4300 ALTON RD</b>		CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>		TITLE	SD	<input type="checkbox"/> Delete	NAME	<b>GRATZ, CHARLES</b>		STREET ADDRESS	<b>4300 ALTON ROAD</b>		CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	<b>ROBINSON, MORTON M.D.</b>		STREET ADDRESS	<b>4300 ALTON ROAD</b>		CITY-ST-ZIP	<b>MIAMI BEACH, FL 33140</b>		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																																																																																																																													
<b>SIGNATURE:</b> _____ <span style="float: right;">3/4/04 (305) 674-2143</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span> <b>STEVEN D. SONENREICH, PRES. + CEO</b>																																																																																																																													

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