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PLEASE REPLY TO:

June 4, 1998

Department of State Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: MOUNT SINAI HOUSE STAFF ASSOCIATION, INC.

Sirs:

Enclosed are the original and one copy of the articles of incorporation for the above-named proposed Florida corporation. Also enclosed is a check in the amount of \$122.50, representing the fees for filing and a certified copy.

Thank you for your assistance in this matter.

189,638,626,2550 NA8-14063



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

July 7, 1998

MICHAEL B. FEILER, ESQ. HIGH, STACK, LAZENBY, ET AL 3929 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33134

SUBJECT: MOUNT SINAI HOUSE STAFF ASSOCIATION, INC.

Ref. Number: W98000014063

We have received your document for MOUNT SINAI HOUSE STAFF ASSOCIATION, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

You failed to make the correction(s) requested in our previous letter.

In a previous letter, Doris Brown asked for the signature of Michael Lampert, M.D. who is listed in Article V as the registered agent for the above corporation. You made a statement that we already had an acceptance on file, however it was not included in your articles. Please make the necessarry corrections and return for filing. I apologize for having to return these articles, but I have tried to call on several ocassions and have not been able to reach you.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6919.

Beth Register Corporate Specialist Supervisor

Letter Number: 698A00033884

# ARTICLES OF INCORPORATION (NOT FOR PROFIT) OF

### MOUNT SINAI HOUSE STAFF ASSOCIATION, INC.

#### **ARTICLE I - NAME**

The name of the corporation shall be MOUNT SINAI HOUSE STAFF ASSOCIATION, INC.

#### **ARTICLE II - PURPOSE**

This is a not-for-profit corporation organized under the provisions of Chapter 617, Florida Statutes, for the purpose of providing educational and other support to the resident staff at Mount Sinai Hospital.

#### **ARTICLE III - PRINCIPAL OFFICE**

The principal place of business and mailing address of the corporation is

4300 Alton Rd. Miami Beach, FL 33140

## ARTICLE IV - INITIAL DIRECTORS, METHOD OF ELECTION

The initial directors are:

MITCHELL LAMPERT, M.D., President ROOPTAZ SIBIA, M.D., Vice President AMIR KARNI, M.D., Secretary/Treasurer

all of whom can be found at the corporate address. The manner of election or appointment of all successor and future shall be provided in the bylaws.

#### ARTICLE V - INITIAL REGISTERED AGENT

The name and address of the initial registered agent are:

MITCHELL LAMPERT, M.D. 4300 Alton Rd. Miami Beach, FL 33140 98 JUL 13 PM 1: 10
SECRETARY OF STATE
SECRETARY OF STATE

# ARTICLE VI - INCORPORATOR

The name and address of the Incorporator to these articles are:

MICHAEL B. FEILER, ESQ. 3929 Ponce de Leon Blvd. Coral Gables, FL 33134

ael B. Feiler, Esq.

Pursuant to the provisions of Chapter 617, Fla. St., the undersigned not for profit corporation organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

- 1. The name of the corporation is MOUNT SINAI HOUSE STAFF ASSOCIATION, INC.
- 2. The name of the registered agent is MITCHELL LAMPERT, M.D.
- 3. The address of the registered agent/registered office is 4300 Alton Rd., Miami Beach, FL 33140.

### Acceptance

Having been named as registered agent and designated to accept service of process for the above 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: MITCHELL LAMPERT, M.D.

Date: 7/1/98

98 JUL 13 PM 1: 10
SECRETARY OF STATE
AFLAHASSEE, FLORIDA