

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90038 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S 28304 IK
 1. Corporation Name
 F & F of MOUNT SINAI, INC.

Principal Place of Business: 4302 Alton Road Suite 830 Miami Beach, FL 33140
 Mailing Address: 4300 Alton Road Warner Building Legal Dept. - 5th Floor Miami Beach, FL 33140

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23)
 2a. Mailing Address (26-28)
 Suite, Apt. #, etc. (22)
 City & State (23)
 Zip (24) Country (25)
 Suite, Apt. #, etc. (26)
 City & State (27)
 Zip (29) Country (30)

3. Date Incorporated or Qualified: 1/30/1991
 4. FEI Number: 65-0238959 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
 Alyson R. Osman
 4300 Alton Road
 Miami Beach, FL 33140

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Alyson Osman*
 Signature, typed or printed name of registered agent as of title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Hirt, Fred D.	
STREET ADDRESS	4300 Alton Road	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Henkel, Robert J.	
STREET ADDRESS	4300 Alton Road	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Hudson, Larry	
STREET ADDRESS	4300 Alton Road	
CITY-ST-ZIP	Miami Beach, FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bruce M. Perry	
1.3 STREET ADDRESS	4300 Alton Road	
1.4 CITY-ST-ZIP	Miami Beach, FL 33140	
2.1 TITLE	S/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Carol F. Rosasco	
2.3 STREET ADDRESS	4300 Alton Road	
2.4 CITY-ST-ZIP	Miami Beach, FL 33140	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(5)(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 307, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bruce M. Perry* Bruce M. Perry April 12, 1999 305-674-2143
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (1/98)