

T9600000/008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

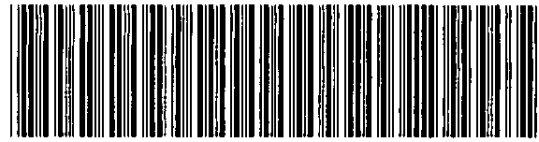
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File
1st

Office Use Only



900284992279

T96-1008

TM/SM OWNER NAME CHANGE

06/21/16 01039 016

\$50.00

50.00

16 JUN 20 PM 1:27
STATE OF ARIZONA

JUN 21 2016

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOUNT SINAI MEDICAL CENTER

(Name of Mark)

The enclosed Certificate of Change of Name of the Registrant or Applicant of a Florida Trademark and/or Service Mark Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leslie J. Lott, Esq.

(Contact Person)

LOTT & FISCHER, PL

(Firm/Company)

Post Office Drawer 141098

(Address)

Coral Gables, Florida 33114-1098

(City, State and Zip Code)

For further information concerning this matter, please call:

Leslie J. Lott

(Name of Contact Person)

at (305) 448-7089

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$50 Filing Fee and Certificate of
Registration (Free of Charge)

\$102.50 Filing Fee, Certified Copy,
and Certificate of Registration (Free
of Charge)

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2016

LESLIE J. LOTT, ESQUIRE
LOTT & FISCHER, PL
P.O. DRAWER 141098
CORAL GABLES, FL 33114-1098

SUBJECT: MOUNT SINAI MEDICAL CENTER
Ref. Number: T96000001008

We have received your document for MOUNT SINAI MEDICAL CENTER and your check(s) totaling \$96.25. However, the document has not been filed and is being retained in this office for the following:

Section 495.081(3), F.S., requires an owner of a mark to file a Certificate of Change of Name in order to reflect their new name on a trademark/service mark registration. The fee to file a Certificate of Change of Name is \$50. A Certificate of Registration reflecting the owner's new name will be issued free of charge. A certified copy is an additional \$52.50. We are enclosing the appropriate form and instructions.

Your renewal is pending until the name change has been filed.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 816A00007987

**CERTIFICATE OF CHANGE OF NAME
OF THE REGISTRANT OR APPLICANT OF A
FLORIDA TRADEMARK AND/OR SERVICE MARK REGISTRATION**

Pursuant to s. 495.081(3), Florida Statutes, the undersigned hereby submits this certificate to change the name of the registrant or applicant of the following Florida trademark and/or service mark registration:

1. Name of Mark: MOUNT SINAI MEDICAL CENTER

2. Registration Number: T96000001008

3. Date of Registration: August 28, 1996

4. a. Name of owner as it appears on the trademark/service mark registration:

Mt. Sinai Medical Center of Greater Miami

b. Address of owner as it appears on the trademark/service mark registration:

4300 Alton Road, Warner Bldg., 5th Floor

Miami Beach, Florida 33140

5. a. New name of owner:

Mount Sinai Medical Center of Florida, Inc.

b. New mailing address, if applicable:

4300 Alton Road, Warner Bldg., 5th Floor

Miami Beach, Florida 33140

19 JUN 20 PM 11:28
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08/28/96 BY SP1/PRD/DA

SIGNATURE:

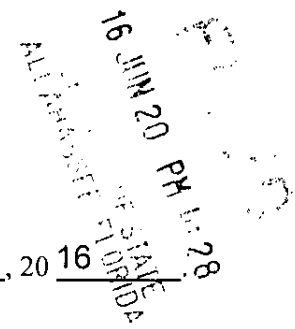
Owner's Signature: _____

Typed/Printed Name of Person Signing: Arnold M. Jaffee, Senior VP and General Counsel

STATE OF Florida

COUNTY OF Miami-Dade

Sworn to and subscribed before me on this 13th day of June, 20 16



ARNOLD M. JAFFEE

(Enter Name of Person Signing Above)

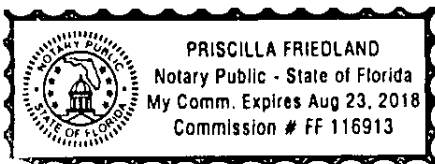
who is personally known to me or whose identity I

proved on the basis of _____

(Seal)

Priscilla Friedland

Notary Public's Signature



Priscilla Friedland

Notary Public's Printed Name

My Commission Expires: 08/23/2018

(Attach additional sheet if necessary)

Filing fee:	\$50.00
Certificate of Registration:	Issued Free of Charge
Certified Copy (optional):	\$52.50