

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710931

**Entity Name:** MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC.

**Current Principal Place of Business:**

4300 ALTON ROAD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4300 ALTON ROAD  
5TH FLOOR, WARNER BUILDING  
MIAMI BEACH, FL 33140

**FEI Number:** 59-0624424

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FRIEDLAND, PRISCILLA  
4300 ALTON ROAD  
MIAMI BCH, FL 33140 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PCEO  
Name SONENREICH, STEVEN D  
Address 4300 ALTON ROAD  
City-State-Zip: MIAMI BEACH FL 33140

Title SENIOR VP & GENERAL COUNSEL  
Name JAFFEE, ARNOLD  
Address 4300 ALTON RD  
City-State-Zip: MIAMI BEACH FL 33140

Title EXECUTIVE VP OF OPERATIONS & CFO  
Name MENDEZ, ALEX  
Address 4300 ALTON RD.  
City-State-Zip: MIAMI BEACH FL 33140

Title CHAIRMAN BOARD OF TRUSTEES  
Name CHAPLIN, WAYNE  
Address 4300 ALTON RD.  
City-State-Zip: MIAMI BEACH FL 33140

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN D. SONENREICH

PCEO

01/16/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date