

2014 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

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date