

2021 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 - 5TH FLOOR-WARNER BLDG
MIAMI BEACH, FL 33140

Current Mailing Address:

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

FEI Number: 59-0624424

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

YAP, VALERIE
4300 ALTON ROAD - 5TH FLOOR-WARNER BLDG
MIAMI BEACH, 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	Title	SENIOR VP & GENERAL COUNSEL
Name	SANTORIO, GINO R	Name	JAFFEE, ARNOLD
Address	4300 ALTON ROAD - 5TH FLOOR-WARNER BLDG	Address	4300 ALTON RD
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140
Title	EXECUTIVE VP OF OPERATIONS & CFO	Title	CHAIRMAN BOARD OF TRUSTEES
Name	MENDEZ, ALEX	Name	HILDEBRANDT, MARK H
Address	4300 ALTON RD.	Address	4300 ALTON RD.
City-State-Zip:	MIAMI BEACH FL 33140	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: GINO R SANTORIO

PCEO

03/10/2021

Electronic Signature of Signing Officer/Director Detail

Date