

**2024 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
Name	SANTORIO, GINO R
Address	4300 ALTON ROAD - 5TH FLOOR-WARNER BLDG
City-State-Zip:	MIAMI BEACH FL 33140
Title	EXECUTIVE VICE PRESIDENT, CFO
Name	MENDEZ, ALEX
Address	4300 ALTON RD.
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	CHAIRMAN BOARD OF TRUSTEES
Name	SKOLNICK, BARRY
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:** GINO SANTORIO

PCEO

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date