

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007896

**Entity Name:** MOUNT SINAI MEDICAL COMPLEX, LLC

**Current Principal Place of Business:**

839 NORTH JEFFERSON STREET  
STE 600  
MILWAUKEE, WI 53202

**Current Mailing Address:**

839 NORTH JEFFERSON STREET  
STE 600  
MILWAUKEE, WI 53202

**FEI Number:** 20-2825711

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title	MMBR	Title	MMBR
Name	LANDMARK HEALTHCARE PROPERTIES FUND, LLC	Name	MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC
Address	839 NORTH JEFFERSON STREET	Address	839 NORTH JEFFERSON STREET
City-State-Zip:	MILWAUKEE WI 53202	City-State-Zip:	MILWAUKEE WI 53202

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANTHONY LAMPASONA

**MANAGER**

**03/21/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date