

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079258

Entity Name: MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC

FILED
Mar 07, 2016
Secretary of State
CC7397188923

Current Principal Place of Business:

WARNER BUILDING
4300 ALTON ROAD, FIFTH FLOOR
MIAMI BEACH, FL 33140

Current Mailing Address:

WARNER BUILDING
4300 ALTON ROAD, FIFTH FLOOR
MIAMI BEACH, FL 33140

FEI Number: 20-3295727

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDLAND, PRISCILLA
WARNER BUILDING
4300 ALTON ROAD, FIFTH FLOOR
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

Authorized Person(s) Detail :

Title P
Name SONENREICH, STEVEN D
Address 4300 ALTON ROAD, 5TH FLOOR
City-State-Zip: MIAMI BEACH FL 33140

Title S
Name MENDEZ, ALEX
Address 4300 ALTON ROAD, 5TH FLOOR
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM
Name MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC
Address 4300 ALTON ROAD 5 WARNER - ADMINISTRATION
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE D SONENREICH

P

03/07/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date