

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000079258

**Entity Name:** MOUNT SINAI MEDICAL CENTER PHYSICIAN PRACTICES, LLC

**FILED**  
**Feb 03, 2020**  
**Secretary of State**  
**4200290296CC**

**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:** STEVEN D SONENREICH

P

02/03/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date