

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000103322

Entity Name: MOUNT SINAI MENTAL HEALTH LLC

Current Principal Place of Business:

4300 ALTON RD WARNER BLDG ADMINISTRATION
MIAMI BEACH, FL 33140

Current Mailing Address:

4300 ALTON RD WARNER BLDG ADMINISTRATION
MIAMI BEACH, FL 33140 US

FEI Number: 82-5389789

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIEDLAND, PRISCILLA
4300 ALTON RD WARNER BLDG ADMINISTRATION
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 MBR
Name MOUNT SINAI MEDICAL CENTER OF FLORIDA INC
Address 4300 ALTON RD WARNER BLDG ADMINISTRATION
City-State-Zip: MIAMI BEACH FL 33140

Title MBR
Name SONENREICH, STEVEN D
Address 4300 ALTON RD WARNER BLDG ADMINISTRATION
City-State-Zip: MIAMI BEACH FL 33140

Title MBR
Name MENDEZ, ALEX
Address 4300 ALTON RD WARNER BLDG 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: MOUNT SINAI MEDICAL CENTER OF FLORIDA INC MBR

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date