

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000103322

**FILED**  
**Mar 10, 2021**  
**Secretary of State**  
**6716533713CC**

**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:**

YAP, VALERIE  
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 SANTORIO, GINO R  
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

03/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date