

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

ADDRESS (number and street)

1400 NW 107th AVENUE

(Check if address is changed)

4TH FLOOR

MIAMI

FL

33172

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

scuza@adlergroup.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

3054181018

2. DATE

04 / 24 / 2006

3. FEC IDENTIFICATION NUMBER

C C00411561

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

STANLEY TATE

Signature of Treasurer

Electronically Filed by STANLEY TATE

Date

04 / 24 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

FRIENDS OF MOUNT SINAI MEDICAL CENTER PAC

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **MICHAEL M ADLER**

Mailing Address **1400 NW 107 AVE**

5TH FL

MIAMI **FL** **33172** - -

Title or Position ▼ **Chairman** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **305** - **392** - **4063**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **STANLEY TATE**

Mailing Address **1175 NE 125 ST.**

SUITE 102

NORTH MIAMI **FL** **33161** - -

Title or Position ▼ **Treasurer** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Telephone number **305** - **891** - **1106**

Full Name of Designated Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲