FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		IIZATION structions)	Office use only
NAME OF COMMITTEE (in	(Check if nai is changed)	me Example: If typying, type over the lines	12FE4M5
FRIENDS OF	MOUNT SINAI MEDICAL CEI	NTER PAC	
ADDRESS (number and	1400 NW 107th	AVENUE	
_	4TH FLOOR		
(Check if addition is changed)	MIAMI		FL 33172
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			ı
	1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S WEE	B PAGE ADDRESS (URL)		
COMMITTEE'S FAX 3054181018	NUMBER		
2. DATE M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFIC	ATION NUMBER	C C00411561	
4. IS THIS STATE	MENT NEW (N)	OR X AMENDED (A)	
I certify that I have exam	nined this Statement and to the best of	my knowledge and belief it is true, correc	ct and complete
Type or Print Name o	f Treasurer STANLEY T	'ATE	
Type of Time Name o			
Signature of Treasure	er Electronically Filed by STAI	NLEY TATE	Date 0 4 / 2 4 / Y Y O 6
NOTE: Submission of f	•	ion may subject the person signing this	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS
Office		For further informati	
Use Only		Federal Election Com Toll Free 800-424-95	111351011

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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 Office Sought: House Senate President	State District				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
		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 committee.	fund or party				
ŝ.	Name of Any Connected Organization or Affiliated Committee					
1						
	Molling Address					
	Mailing Address					
		1 1 1				
	CITY▲ STATE ▲	ZIP CODE A				
	Relationship					
Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organiza	ation				
	Membership Organization Trade Association Cooperative					

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Write or Type Committee Name	WALMEDICAL OFNITED DAG						
	INAI MEDICAL CENTER PAC						
 Custodian of Records: Idea possession of Committee 	entify by name, address, (phone number books and records.	oer optional), and position of t	ne person in				
Full Name MICHA	Full Name MICHAEL M ADLER						
Mailing Address	1400 NW 107 AVE						
	5TH FL						
	MIAMI		33172				
Title or Position ▼	CITY A	STATE▲	ZIP CODE A				
Chairman		Telephone number	4063				
of Treasurer Mailing Address	1175 NE 125 ST.						
	SUITE 102		00464				
	NORTH MIAMI		33161 				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number 305	891 1106				
Full Name of							
Designated Agent							
Designated							
Designated Agent							

Telephone number

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 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, re safety deposit boxes or maintains funds. 							
	Name of Bank, Depository, etc.						
	CITY I	NATIONAL BANK					
	Mailing Address	25 W FLAGLER ST					
		MIAMI FL 3313	30 _ _				
		CITY △ STATE △ ZIP	CODE △				