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February 11, 2000

VIA FEDERAL EXPRESS
Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

RE: Registrant 52184-12

Dear Sir or Madam:

Enclosed is an amended lobbying registration form for the above-referenced registrant. The following amendments have been made to the original LD-1 Registration Form filed with your office:

Question 3: The registrant's name and address are amended to read:

Beth Israel Medical Center
c/o Continuum Health Partners, Inc.
555 West 57th Street
New York, New York 10019

Question 5: The registrant's contact person and telephone number are amended to read:

Shelley Mayer (212) 523-4003

<8672/1000/39561>

<02/11/2000 08:02 AM>

Should you have any questions regarding this matter, please do not hesitate to contact me.

Sincerely,

David S. Ivill

encl.

<8672/3000/3956.3> <02/11/2000 08:02 AM>

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☒

1. Effective Date of Registration: September 7, 1999

2. House Identification Number: 34846-000

Senate Identification Number: 52184-12

REGISTRANT

3. Registrant name: Beth Israel Medical Center

Address: c/o Continuum Health Partners, Inc., 555 West 57th Street

City: New York State: New York Zip: 10019

4. Principal place of business (if different from line 3)

City: State/Zip (or Country):

5. Telephone number and contact name

(212) 523-4003 Contact: Shelley Mayer E-mail (optional):

6. General description of registrant's business or activities

Hospital Services

CLIENT

A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name

Address

City State Zip

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name	Covered Official Position (if applicable)
Shelley Mayer	
Thomas J. Reyes	
Barbara King	

Registrant Name Beth Israel Medical Center Client Name Self

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

HCR HMN

12. Specific lobbying issues (current and anticipated) Hospital Reimbursement Issues

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature Shelley Mayer Date 2/9/00

Printed Name and Title Shelley Mayer