2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# 737604

Entity Name: VARIETY CHILDREN'S HOSPITAL FOUNDATION, INC.

Current Principal Place of Business:

3000 S.W. 62ND AVE.
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

3000 S.W. 62ND AVE.
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-1720704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
1500 EDWARD BALL BLDG.
100 CHOPIN PLAZA
MIAMI, FL 33131

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: BASSETT, HARRY HOOD, JR
Address: 3000 S.W. 62ND AVE
City-St-Zip: MIAMI, FL

Title: DP ( ) Delete
Name: WALTERS, DAVID M.,
Address: 3000 S.W. 62ND AVE
City-St-Zip: MIAMI, FL

Title: DV ( ) Delete
Name: BLANK, MARK
Address: 3000 SW 62 AVE
City-St-Zip: MIAMI, FL

Title: AS ( ) Delete
Name: LYONS, ANN E
Address: 3000 S.W. 62ND AVE
City-St-Zip: MIAMI, FL

Title: DV ( ) Delete
Name: NAHMAD, ALBERT H,
Address: 3000 S.W. 62ND AVE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change ( ) Addition
Name: BASSETT, HARRY HOOD JR
Address: 3000 S.W. 62ND AVE
City-St-Zip: MIAMI, FL

Title: DP (X) Change ( ) Addition
Name: WALTERS, DAVID M
Address: 3000 S.W. 62ND AVE
City-St-Zip: MIAMI, FL

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: NAHMAD, ALBERT H
Address: 3000 S.W. 62ND AVE
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. WALTERS DP 04/30/2002

Electronic Signature of Signing Officer or Director — Date