

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90150 044 ****61.25

DOCUMENT # 821162

1. Entity Name
SHRINERS HOSPITALS FOR CHILDREN, INC.



Principal Place of Business
**2900 ROCKY POINT DRIVE
TAMPA FL 33607
US**

Mailing Address
**P.O. BOX 31356
TAMPA FL 33631-3356**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2193608**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **BRACEWELL, GENE**
STREET ADDRESS **1015 THIMBLEGATE CT**
CITY-ST-ZIP **ALPHARETTA GA 30022**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VERMAAS, JOHN D**
STREET ADDRESS **10001 S 27TH ST**
CITY-ST-ZIP **ROCA.NE:68430**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CLAYPOOL, CHARLES A**
STREET ADDRESS **345 WEST 2ND STREET SUITE 400**
CITY-ST-ZIP **DAYTON OH 45402**

TITLE Change Addition
NAME **VP**
STREET ADDRESS **M. Burton Oien**
CITY-ST-ZIP **7832 East Ebola Avenue
Mesa, Arizona 85208**

TITLE Delete
NAME **DUNWOODY, GARY W**
STREET ADDRESS **3803 N. HILLS BLVD**
CITY-ST-ZIP **NORTH LITTLE ROCK AR 72116**

TITLE Change Addition
NAME **S**
STREET ADDRESS **Gary W. Dunwoody**
CITY-ST-ZIP **6600 Allied Way
Little Rock, Arkansas 72209**

TITLE Delete
NAME **FREVEL, RAOUL L SR**
STREET ADDRESS **4507 HARFORD RD**
CITY-ST-ZIP **BALTIMORE MD 21214**

TITLE Change Addition
NAME **D**
STREET ADDRESS **Bernard J. Lemieux, M.D.**
CITY-ST-ZIP **649 West Front Street
Perrysburg, Ohio 92335-7802**

TITLE Delete
NAME **THOMAS, NICHOLAS**
STREET ADDRESS **8559 MANGO AVE**
CITY-ST-ZIP **FONTANA CA 92335**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John D. VerMaas John D. VerMaas, President 01/20/03 (813) 281-0300

CR2E037 (10/02)