Mar 11, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

	, FIAOZINOM, W		z, Μ.υ., Ρ.Α	•								
Principal Place of Bu	siness	Ma	ailing Address				7	i iffitin ann atint intil ainte		, 61611 61611		
% MIAMI CHILDREN'S	HOSPITAL		MIAMI CHILDREN									
3100 SW 62ND AVE 3100 SW 62ND AVE								M TOM OO	DITE IN THI	S SDACE		•
MIAMI FL 33155-3003 MIAMI FL 33155-3003 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
03		00					3.	04/20/1987				Ì
2. Principal Place of	Business	2a.	Mailing Addres	s			4.	FEI Number			Appi	ied For
21		26					}	59-2821163	·		Not.	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, e	tc.				Certificate of Status Desired		¥ •		Iditional
22		27					<u></u>	Certificate of biatus besired		Fe	e Req	uired
City & State			City & State				6.	Election Campaign Financin	g 🗀 .			lay Be
23	<u></u>	28						Trust Fund Contribution		Add	ded to	Fees
Zip	Country		Zip		ıntry		8.	This corporation owes the co	urrent year l		_	٦
24	25	29		30	· · · · · ·			Personal Property Tax.		X Yes		□No .
9. 1	Name and Address of (Current Regis	tered Agent		81	Nama	10.	Name and Address of Nev	v Registere	a Agent		
WOLESDO	RF, JACK M.D.				61	Name						
	31ST STREET				82	Street Addr	ess (P	O. Box Number is Not Acce	ptable)			
3100 SW					00							
MIAMI FL					83							
IMIZINI I E	50 100				84	City		· · · · · · · · · · · · · · · · · · ·		85	Zip Co	ode
					$oxed{oxed}$				F			
office or register	provisions of Sections of ed agent, or both, in the liar with, and accept the	State of Florid	ia. Such change	was authorized	d Dy 1	tne corporatio	on's bo	submits this statement for to pard of directors. I hereby acc	cept the app	ointment a	is regi	stered
		g	Section 607.05	us, Fiorida Stat	utes.	•						
SIGNATURE	to the desired as well as into						d when n	einstation)	DATE		••••	
Signatur	e, typed or printed name of registe	ered agent and title i	f applicable.	(NOTE: Registered	d Agent				DATE OFFICERS	AND DIRE	CTOR	 RS IN 12
Signatur 12.			f applicable.	(NOTE: Registered	d Ageni			einstating) ADDITIONS/CHANGES TO (AND DIRE		RS IN 12
12.	OFFICE	ered agent and title i	f applicable.	(NOTE: Registered	d Agent							
Signatur 12. TITLE DP NAME WOL	OFFICE LFSDORF, JACK	ered agent and title i	f applicable.	(NOTE: Registered 13. ETE 1.1 TI 1.2 No	d Agent	t signature required						
12. TITLE DP WOU STREET ADDRESS 3100	OFFICE LFSDORF, JACK O SW 62ND AVE	ered agent and title i	f applicable.	(NOTE: Registered 13. ETE 1.1 TI 1.2 No 1.3 ST	d Agent	t signature required						
12. TITLE DP WOU STREET ADDRESS CITY-ST-ZIP MIAI	OFFICE LFSDORF, JACK O SW 62ND AVE MI FL	ered agent and title i	f applicable.	(NOTE: Registered 13. ETE 1.1 TI 1.2 No. 1.3 S' 1.4 CI	d Agend TLE AME TREET	t signature required					nge	
12. TITLE DP WOU STREET ADDRESS CITY-ST-ZIP DVP	OFFICE LFSDORF, JACK D SW 62ND AVE MI FL	ered agent and title i	f appicable CTORS	(NOTE: Registered 13. ETE 1.1 TI 1.2 Ni 1.3 S' 1.4 CI ETE 2.1 TI	d Agend	t signature required				☐ Cha	nge	Addition
12. TITLE DP NAME STREET ADDRESS GITY-ST-ZIP MIAI TITLE DVP NAME RAS	OFFICE LFSDORF, JACK D SW 62ND AVE MI FL SZYNSKI, ANDRE	ered agent and title i	f appicable CTORS	(NOTE: Registered 13. ETE 1.1 TI 1.2 NI 1.3 S 1.4 CI ETE 2.1 TI 2.2 NI	d Agent	t signature required ADORESS				☐ Cha	nge	Addition
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE: *

STREET ADDRESS

IGNING OFFICER OR DIRECTOR

J. WOLFS DURFMAX