

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737604

**FILED**  
**Apr 17, 2014**  
**Secretary of State**  
**CC1971771136**

**Entity Name:** MIAMI CHILDREN'S HOSPITAL FOUNDATION, INC.

**Current Principal Place of Business:**

3100 S.W. 62ND AVE.  
MIAMI, FL 33155

**Current Mailing Address:**

3100 S.W. 62ND AVE.  
MIAMI, FL 33155

**FEI Number:** 59-1720704

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

MORILLO, LUCY  
3100 SW 62ND AVE.  
MIAMI, FL 33155 US

*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:** LUCY MORILLO

04/17/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DP  
Name MORILLO, LUCY  
Address 3100 S.W. 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DT  
Name PEREZ-HICKMAN, FERNANDO  
Address 3100 SW 62 AVE  
City-State-Zip: MIAMI FL 33155

Title CHAIR  
Name LOPEZ, MARILE  
Address 3100 SW 62 AVE  
City-State-Zip: MIAMI FL 33155

Title DS  
Name CHOWDHURY, RAVNEET  
Address 3100 S.W. 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title D2V  
Name KERR, STEVEN  
Address 3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name CEJAS, PABLO L  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DE LA VEGA, MAYI  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name KADRE, ANNIE  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** LUCY MORILLO

**PRESIDENT**

04/17/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MAS, JUAN CARLOS  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name MURGADO, MARIO  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name SCHEINER, DAVID J  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name STURGES-FERNANDEZ, LAUREN  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name MIYARES, ANDRIA  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name SANTOS, MARLENE  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name SOTO, ALEX  
Address 3100 S.W. 62ND AVE.  
City-State-Zip: MIAMI FL 33155