### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009162

Entity Name: MIAMI CHILDREN'S HEALTH SYSTEM, INC.

FILED Feb 25, 2016 Secretary of State CC1628922968

## **Current Principal Place of Business:**

3100 SW 62ND AVE MIAMI, FL 33155

### **Current Mailing Address:**

3100 SW 62ND AVE MIAMI. FL 33155

FEI Number: 45-3481327 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

ANDREWS-SINGH, APRIL 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:

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title	CHAIRMAN	Title	PRESIDENT, DIRECTOR
Name	MAS, JUAN CARLOS	Name	KINI, NARENDRA MD
Address	311 LEUCADENDRA	Address	3100 SW 62ND AVE
City-State-Zip:	CORAL GABLES FL 33143	City-State-Zip:	MIAMI FL 33155

**DIRECTOR** Title Title **CFO** Name FUX, MICHAEL Name BIRKENSTOCK, TIM Address 3100 SW 62ND AVE Address 3100 SW 62ND AVE MIAMI FL 33155 City-State-Zip: MIAMI FL 33155 City-State-Zip:

Title DIRECTOR Title SECRETARY, GENERAL COUNSEL

Name NICKLAUS, BARBARA Name ANDREWS-SINGH, APRIL

 Address
 3100 SW 62ND AVE
 Address
 3100 SW 62ND AVE

 City-State-Zip:
 MIAMI FL 33155
 City-State-Zip:
 MIAMI FL 33155

Title ASST. SECRETARY Title VC

Name CORTON, MILLIE Name SOTO, ALEX

 Address
 3100 SW 62ND AVE
 Address
 3100 SW 62ND AVE

 City-State-Zip:
 MIAMI FL 33155
 City-State-Zip:
 MIAMI FL 33155

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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: APRIL ANDREWS-SINGH

SECRETARY & GENERAL

02/25/2016

COUNSEL

# Officer/Director Detail Continued:

Title DIRECTOR

Name LOPEZ, MARILE

Address 3100 SW 62ND AVE

City-State-Zip: MIAMI FL 33155