

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009162

FILED
Apr 28, 2014
Secretary of State
CC1461231007

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

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
Name MAS, JUAN CARLOS
Address 311 LEUCADENDRA
City-State-Zip: CORAL GABLES FL 33143

Title PRESIDENT, DIRECTOR
Name KINI, NARENDRA MD
Address 3100 SW 62ND AVE
City-State-Zip: MIAMI FL 33155

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

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

Title DIRECTOR
Name NICKLAUS, BARBARA
Address 3100 SW 62ND AVE
City-State-Zip: MIAMI FL 33155

Title SECRETARY, GENERAL COUNSEL
Name ANDREWS-SINGH, APRIL
Address 3100 SW 62ND AVE
City-State-Zip: MIAMI FL 33155

Title ASST. SECRETARY
Name CORTON, MILLIE
Address 3100 SW 62ND AVE
City-State-Zip: MIAMI FL 33155

Title VC
Name SOTO, ALEX
Address 3100 SW 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: NARENDRA KINI, M.D.

PRESIDENT AND CEO

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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