

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009162

**FILED**  
**May 08, 2020**  
**Secretary of State**  
**1782500795CC**

**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 US

**FEI Number:** 45-3481327

**Certificate of Status Desired:** Yes

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

MIAMI CHILDREN'S HEALTH SYSTEM, INC C/O LEGAL DEPT  
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 DIRECTOR  
Name MAS, JUAN CARLOS  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

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

Title VICE CHAIR  
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 GENERAL COUNSEL  
Name LAURENCE, JODI ESQ.  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

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

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

Title CHAIR  
Name MURGADO, MARIO  
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:** JODI LAURENCE

**GENERAL COUNSEL**

**05/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name GEORGE, PHILLIP T MD  
Address 3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name BOGGS, MICHELLE  
Address 3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

Title PRESIDENT AND CEO, DIRECTOR  
Name LOVE, MATTHEW  
Address 3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

Title CFO, TREASURER  
Name JAVERSACK, DAWN  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DAVIS, JARET  
Address 3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name MASSIRMAN, JAY  
Address 3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name SACHDEVA, RAMESH MD  
Address 3100 SW 62ND AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR, COO  
Name REED, PERRY ANN  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155