

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000008783

**Entity Name:** CHILDREN'S HEALTH VENTURES, INC.**Current Principal Place of Business:**3100 SW 62 AVENUE  
MIAMI, FL 33155**Current Mailing Address:**3100 SW 62 AVENUE  
MIAMI, FL 33155 US**FEI Number: 45-4541147****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MIAMI CHILDREN'S HEALTH SYSTEM, INC C/O LLEGAL DEPT  
3100 SW 62 AVENUE  
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            PRESIDENT, CEO, DIRECTOR  
Name           LOVE, MATTHEW  
Address        3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

Title            LEGAL COUNSEL, OFFICER  
Name           LAURENCE, JODI ESQ.  
Address        3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

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

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

Title            TREASURER, OFFICER  
Name           JAVERSACK, DAWN  
Address        3100 SW 62 AVENUE  
City-State-Zip: MIAMI FL 33155

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

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

Title            DIRECTOR  
Name           MURGADO, MARIO  
Address        3100 SW 62 AVENUE  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JODI LAURENCE****LEGAL  
COUNSEL/OFFICER****03/17/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	RUBINSZTAIN, JOSEPH MD
Address	3100 SW 62 AVENUE
City-State-Zip:	MIAMI FL 33155