

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