FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-3

DOCUMENT # 704430 (8)

1. Corporation Name

NATIONAL CHILDREN'S CARDIAC HOSPITAL, INC.

Principal Place of Business	Mailing Address
1475 NW 12TH AVENUE MIAMI FL 33101	POST OFFICE BOX 016960 D2-4 MIAMI FL 33101-6960

3. Date Incorporated or Qualified: 08/17/1962
3a. Date of Last Report: 03/21/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-0624458 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

RAATTAMA, HENRY H JR.
200 SOUTH BISCAYNE BLVD.
SUITE 4500
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Lourdes F. La Paz
82 Street Address (P.O. Box Number is Not Acceptable): 252 ASHE BUILDING
83: University of Miami
84 City: Coral Gables FL 85 Zip Code: 33124-4624

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Lourdes F. La Paz — 5/2/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BERENSON, LOUIS STANLEY 9 ISLAND AVE. #1801, BELLE ISLE MIAMI BEACH FL 33139	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VD Thomas Levinson 918 Alfonso Ave Coral Gables, FL 33146	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~XX~~ D COHEN, EUGENE E 6700 SW 117TH ST. MIAMI FL 33156	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	T D William Reilly 1475 N. W. 12th Ave Miami, Fl 33136	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIEGEL, MARVIN H ROSENSTIEL MEDICAL SCIENCE BLDG. #1147 MIAMI FL 33101	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Dr. John Clarkson 1600 N. W. 10 Ave RMSB Miami, Fl. 33136	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLOT, WILLIAM (MRS.) 6840 SW 119TH ST. MIAMI FL 33156	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Dr. W. J. Goodwin 1475 N. W. 12 Ave Miami FL 33136	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOGEL, BERNARD J ROSENSTIEL MEDICAL SCIENCE BLDG.(R-699) MIAMI FL 33101	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Mr. David Stansberry 1150 N. W. 14 St. Miami, Fl. 33136	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLEIN, LEE (MRS.) 2750 NE 183RD ST. NORTH MIAMI BEACH FL 33160	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Dr. Kasi Sridhar 1475 N. W. 12 Ave. Miami, Fl 33136	☐ Change ☒ Addition

see add'l page

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marvin H. Siegel — 4/24/96 — 305-243-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MARVIN H SIEGEL SECRETARY

704430

2-3

NATIONAL CHILDREN'S CARDIAC HOSPITAL, INC.

Board of Governors and Corporate Officers

CORPORATE OFFICERS

Mr. Louis Stanley Berenson	Chairman of the Board
Mr. Thomas Levinson	Vice Chairman
Mr. William Reilly	Treasurer
Mr. Marvin Siegel	Secretary

BOARD OF GOVERNORS

Mr. Louis Stanley Berenson 531-6000/203-525-8611	9 Island Ave. #1801, Belle Isle Miami Beach, FL 33139
Mr. Thomas Levinson 666-5922	918 Alfonso Ave Coral Gables, FL 33146
Mr. Eugene Cohen 666-9835	6700 S. W. 117 St. Miami, FL 33156
Mrs. Archlyn Clot 661-1898	6840 S. W. 119 St. Miami, FL 33156
Mrs. Harriet Seminer 731-7979	5006 Sabal Palm Circle Tamarac, FL 33319
Dr. John Clarkson 243-6545	RMSB 1143 R-699
Dr. Bernard Fogel 243-3243	RMSB 1128 M-860
Dr. W. J. Goodwin 243-4387	UMHC/Sylvester D-1
Mr. David Stansberry 243-7100	PAC 101 M-830
Dr. Kasi Sridhar 243-4976	3513 SCCC D8-4
Mr. William Reilly 243-4383	UMHC/Sylvester D-1
Mr. Henry Lione 243-6256	1021 Jackson Tower R-100
Mr. Marvin Siegel 243-6601	DRI 3006 R-28

Additional Directors
National Children's Hospital, Inc.

Mrs. Harriet Seminer
5006 Sabal Palm Circle
Tamarac, FL 33319

Henry Lione
1021 Jackson Medical Towers
Miami, Florida 33136