FILE NOW: FILING FEE IS $61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 705162 (6)

1. Corporation Name
VARIETY CHILDREN'S HOSPITAL

Principal Place of Business	Mailing Address
3100 SW 62 AVE MIAMI FL 33155-3009 US	3100 SW 62 AVE MIAMI FL 33155-3009 US

3. Date Incorporated or Qualified: 02/04/1963
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-0638499 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	XX DELETE	1.1 TITLE	D	☐ Change XX Addition
NAME	PEYSER, JUAN M.D.		1.2 NAME	Steven Melnick, M.D.	
STREET ADDRESS	3100 SW 62 AVE		1.3 STREET ADDRESS	3100 SW 62 Ave.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCDONALD, WILLIAM A		2.2 NAME		
STREET ADDRESS	3100 S.W. 62ND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP		
TITLE	T	XX DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHACK, STUART		3.2 NAME		
STREET ADDRESS	3100 SW 62 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	C	XX DELETE	4.1 TITLE	C	☐ Change XX Addition
NAME	STRAUSS, ROBERT C.		4.2 NAME	Peter Bermont	
STREET ADDRESS	5200 BLUE LAGOON DRIVE, 10TH FLOOR		4.3 STREET ADDRESS	Smith Barney	
CITY-ST-ZIP	MIAMI FL 33126		4.4 CITY-ST-ZIP	One SE Third Ave.Suite 3100 Miami, FL 33131	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, DONALD MD		5.2 NAME		
STREET ADDRESS	3100 S.W., 62ND AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		5.4 CITY-ST-ZIP		
TITLE	S	XX DELETE	6.1 TITLE	S	☐ Change XX Addition
NAME	SPATZ, DIGNA		6.2 NAME	Jeannette Matta	
STREET ADDRESS	3100 SW 62 AVE		6.3 STREET ADDRESS	3100 SW 62 Ave.	
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP	Miami, FL 33155	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/14/97 305-666-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0031074