

FILE NOW: FILING FEE IS \$61.25

99 MAY 27 11:07
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 705162
 1. Corporation Name
VARIETY CHILDREN'S HOSPITAL

Principal Place of Business 3100 SW 62 AVE MIAMI FL 33155-3009 US	Mailing Address 3100 SW 62 AVE MIAMI FL 33155-3009 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/04/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0638499
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	STEWART, MARCUS	
STREET ADDRESS	3225 AVIATION AVENUE, STE 700	
CITY-ST-ZIP	CLINTON IN	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, WILLIAM A	
STREET ADDRESS	3100 S.W. 62ND AVE.	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARROLL, DAVID	
STREET ADDRESS	3100 S W 62ND AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUFFY, BARBARA	
STREET ADDRESS	3100S W 62ND AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILAGROS, DE LA VINA	
STREET ADDRESS	3100 SW 62ND AVE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rozek, Thomas
2.3 STREET ADDRESS	3100 S.W. 62nd Avenue
2.4 CITY-ST-ZIP	Miami, FL 33155
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1 000028881 51 --- 3
3.4 CITY-ST-ZIP	-05/27/99--01032--011
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	*****70.00 *****70.00
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *David Carroll* **DAVID CARROLL** 5/26/99 (305) 666-6511 ext 2556