FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 705162

1. Corporation Name

VARIETY CHILDREN'S HOSPITAL

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

Cuita Ant # atc

21

2. Principal Place of Business

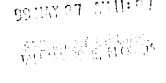
Mailing Address

3100 SW 62 AVE MIAMI FL 33155-3009

2a. Malling Address

Suite Ant # etc

26



Date Incorporated or Qualifed 02/04/1963

4 EEI Number

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	ite, Apt. W. esc.		s, Apr. w, etc.					000 400		^_	pplied For
22		27					59-0	638499		N	ot Applicable
23	y & State	& State	State			5. Certifo	cate of Status Desired	×		Additional equired	
Ziç	Cour	ntry Zip	Zip Cou		ountry		6. Election	on Campaign Financin	ig	\$5.00	May Be
24	25	29	30			Trust Fund Contribution				Added to Fees	
	9. Name and Ado	Iress of Current Registered	Agent		_		10. Name	and Address of Nev	v Registered A	lgent	
				81	1	Name					
CC	DRPORATION SERVICE CO	OMPANY		82	Street Address (P.O. Box Number is Not Acceptable)						
12	01 HAYS STREET				1						
TA	LLAHASSEE FL 32301			83	T			-			
				84	1-	City			· · · · · · · · · · · · · · · · · · ·	85 Zip	Code
				**	Ί	City			FL	103 2.5	oode
	ursuant to the provisions of Se										
	fice or registered agent, or bo gent. I am familiar with, and a					не согро	ration's board of	directors. I hereby acc	cept the appoin	iment as re	egistered
SIGNATURE											
	Signature, typed or printed na	me of registered agent and title if applica	ble. (NOTE: R	<u> </u>	od s	algnature re	quired when reinstating		DATE		
12.		OFFICERS AND DIRECTOR		13.			ADDITI	ONS/CHANGES TO C	OFFICERS AND		
TITLE	CD		□ DELETE	1.1 TITLE						Change	Addition
NAME	STEWART, MARC			1.2 NAME	1.2 NAME						
STREET	adoress 3225 AVIATION A	venue, ste 700		1.3 STREET	TREET ADDRESS						
CITY-ST	ZIP CLINTON IN		_	1.4 C/TY-S1	7-2	29P					
TITLE	PD	• "	DELETE	2.1 TITLE			PD			Change	Addition
NAME	MCDONALD, WILL	A MAL	·	2.2 NAME		İ	Rozek	Thomas,	_		-
STREET	NDORESS 3100 S.W. 62ND /	AVE.		23 STREET	TA	DORESS	3100 5	W. 62 ng/	granue	•	
CITY-ST	ZP MIAMI FL 33155			2.4 CITY-S	ST-:	zne		FL 3315			
TITLE	D		DELETE	3.1 TITLE						[] Change	■ Addition
NAME	CARROLL, DAVID			32 NAME			-	1000002	8883	8	
STREET	100 S W 62ND A	NE		3.3 STREET	TAI	DORESS	•	-05/27	799010	J32C	111
CITY-ST-	ZP MIAMI FL 33155			3.4. CITY-S	ST-Z	zie		米米米米辛	70.00	***** 字	0.00
TITLE	D		DELETE	4.1 TITLE						[] Change	Addition
NAME	DUFFY, BARBARA	\		4.2 NAME							
STREET	UDDRESS 3100S W 62ND A	VE		4.3 STREET	T AL	DORESS					
CITY-ST-	ZP MIAMI FL 33155			4.4 CITY-ST	T-2	20P					
TITLE	\$		□ DELETE	5.1 TITLE						[] Change	Addition
NAME	MILAGROS, DE LA	N VINA		52 NAME		ı					
STREET	ODRESS 3100 SW 62ND A	√ E		5.3 STREET	TA	DORESS					
CITY-ST-	ZP MIAMI FL 33155			5.4 City-\$1	1-2	me					
TITLE			DELETE	61 TITLE						[] Change	Addition
NAME				62 NAME							
STREET	DORESS			63 STREET	TAL	DORESS					11
CITY-ST-	21º			64 CITY-ST	۲٠Z	ne l					$L \neq$
	ereby certify that the informat	ion supplied with this filing do	es not qualify for th	e exempli	ion	stated	in Section 119.07	(3)(i), Florida Statutes	s. I further certi	h that the	information

indicated on this annual report of 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 of 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 attachmen with an address, withall other like empowered.

CNATURE:

DAVID CARROLL

5/26/99 (305) 666-6511 ext 2

5/26/99 (305) 666-6511 ext 2556