VARIETY CHILDREN'S HOSPITAL							Secretary of State 05-14-2001 90154 001 ***420.00					
Principal Pla 3100 SW 62 MIAMI FL 33 US			Mailing Address 3100 SW 62 AVE MIAMI FL 33155-3009 US				43307					
2. Principal	Place of Business		3. Mailing Address									
Suite, Apt			/								(B() B(B)) (80)	
			Suite, Apt. #, etc.						IITE IN THIS S			
City & State			City & State				4. FEI Numbe	59-063849		N	pplied For ot Applicable	
Zip Country		Country	Zip	Country			5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	6. Name and	Registered Agent :		Name		7. Name and	Address of New	Registered A	gent			
CORPORATION SERVICE COMPANY						Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET												
IALLAHA	ASSEE FL 32301		City				<u> </u>		FL	Zip Cod	e	
8. The above	e named entity sub	mits this statement for	the purpose of changing its	egistere	ed office or	r registered	agent, or both	n, in the state of Fl				
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing			\$5.00 Added to	May Be		e Check Pepartment			
10.		OFFICERS AND DIRI	ECTORS	11.		AD	DITIONS/CHA	NGES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CA MAS, JUAN C 3100 SW 62 A MIAMI FL 331		☐ Delete		T ADDRESS ST-ZIP			,		☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip	PD ROZEK, THOM 3100 S.W. 621 MIAMI FL 3315	ND AVE.	☐ Oelete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, DA 3100 S W 62N MIAMI FL 3318	D AVE	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS					☐ Change	☐ Addition	
TITLE Name Street address City-St-Zip	D DUFFY, BARB 3100S W 62NI MIAMI FL 3315) AVE	☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS				I	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILAGROS, DE LA VINA 3100 SW 62ND AVE MIAMI FL 33155				T ADDRESS ST-ZIP	DEISI 3100	ecretary 🛣 c EISE GRANADO-VILLAR MD 100 SW 62nd Avenue iami, Fl 33155			Change .	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the infor-	mation eupoliced with the	Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP	ROBEI 3100	-Chairma RT JORDA SW 62nd J. Fl 3:	N, ESQ.	1	☐ Change	Addition	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DOCUMENT # 705162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2001

(305)666-6511 ext 3253

Daytime Phone #

book