

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90217 021 ****70.00

DOCUMENT # 705162

1. Entity 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**

94070922



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-0638499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CA** ☒ Delete
NAME **MAS, JUAN C**
STREET ADDRESS **3100 SW 62 AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **PD** ☐ Delete
NAME **ROZEK, THOMAS**
STREET ADDRESS **3100 S.W. 62ND AVE.**
CITY-ST-ZIP **MIAMI, FL 3315**

TITLE **D** ☐ Delete
NAME **CARROLL, DAVID**
STREET ADDRESS **3100 S W 62ND AVE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☒ Delete
NAME **DUFFY, BARBARA**
STREET ADDRESS **3100S W 62ND AVE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **S** ☐ Delete
NAME **GRANDO-VILLAR, DEISE MD**
STREET ADDRESS **3100 SW 62ND AVE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **VC** ☐ Delete
NAME **JORDAN, ROBERT ESQ**
STREET ADDRESS **3100 SW 62ND AVENUE**
CITY-ST-ZIP **MIAMI, FL 33155**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CA** ☐ Change ☒ Addition
NAME **MURAI, Rene**
STREET ADDRESS **3100 SW 62 Avenue**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **HAMMERAN, Kevin**
STREET ADDRESS **3100 SW 62 Avenue**
CITY-ST-ZIP **MIAMI, FL. 33155**

TITLE **S** ☐ Change ☐ Addition
NAME **GRANADO-VILLAR, Deise MD**
STREET ADDRESS **3100 SW 62 Avenue**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

David Carroll

DAVID CARROLL

4/20/04 (305) 666-6511

ent 3253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #