# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jun 08, 2005**
**Secretary of State**

DOCUMENT# 705162

**Entity Name:** VARIETY CHILDREN'S HOSPITAL

**Current Principal Place of Business:**

3100 SW 62 AVE
MIAMI, FL 331553009 US

**New Principal Place of Business:**

**Current Mailing Address:**

3100 SW 62 AVE
MIAMI, FL 331553009 US

**New Mailing Address:**

**FEI Number: 59-0638499** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete
Name: MURAI, RENE
Address: 3100 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: PD ( ) Delete
Name: ROZEK, THOMAS
Address: 3100 S.W. 62ND AVE.
City-St-Zip: MIAMI, FL 3315

Title: VP (X) Delete
Name: CARROLL, DAVID
Address: 3100 S W 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: VP ( ) Delete
Name: HAMMERAN, KEVIN
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: SD ( ) Delete
Name: GRANADO-VILLAR, DEISE HD
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: VCD ( ) Delete
Name: GREGORY, GARY
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS M. ROZEK PD 06/08/2005

Electronic Signature of Signing Officer or Director — Date