

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705162

FILED
Apr 27, 2009
Secretary of State

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 33155 US

New Mailing Address:

3100 SW 62 AVE
MIAMI, FL 331553009 US

FEI Number: 59-0638499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: MAS, JUAN CARLOS
Address: 3100 SW 62 AVE.
City-St-Zip: MIAMI, FL 33155

Title: PD () Delete
Name: KINI, M. NARENDRA MD
Address: 3100 SW 62 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: GOURAIGE, GHISLAIN JR
Address: 3100 SW 62ND AVE
City-St-Zip: MIAMI, FL 33155

Title: VCD () Delete
Name: HUCK, DONNA
Address: 3100 SW 62 AVE.
City-St-Zip: MIAMI, FL 33155

Title: T () Delete
Name: ALFARO, PEDRO
Address: 3100 SW 62 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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PEDRO A. ALFARO

VCFO

04/27/2009

Electronic Signature of Signing Officer or Director

Date