2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705162

1. Entit¥ Name

SIGNATURE:

VARIETY CHILDREN'S HOSPITAL



FILED Apr 24, 2003 8:00 am Secretary of State 04-24-2003 90229 015 ****70.00

Principal Place of Business 3100 SW 62 AVE MIAMI FL 33155-3009 US				g Address N 62 AVE FL 33155-3009								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State					4. FEI Number 59-0638499 Applied For Not Applica				pliec For t Applicable
Zip	Country		Zip		Cou	Country		5. Certificate of State	us Desired		8.75 Add ee Required	
	6. Name an	d Address of Current R	legistere	d Agent		7. Name and Address of New Registered Agent Name						
COCCOLTION OFFICE COMPANY												
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301						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. + 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												
	FILE NOW: I	Election Campaign Fina Trust Fund Contribution.					\$5.00 May Be Added to Fees			Payable nent of S		
10.		OFFICERS AND DIRI	ECTORS				Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	CA MAS, JUAN	^		Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS	3100 SW 62				NAMI STRE	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33					ST-ZIP						Ì
TITLE	PD			☐ Delete	TITLE						☐ Change	Addition
	ROZEK, THO	MAS			NAM							
STREET ADDRESS						ET ADDRESS		_				
CITY-ST-ZIP	MIAMI FL 33	15		and the second s	CITY	ST-ZIP-	4		भ न च्य- वि विध –	† 		
TITLE	D CARROLL B	A) (ID)		☐ Delete	TITLE						☐ Change	☐ Addition
NAME STREET ADDRESS	CARROLL, D 3100 S W 62				NAM	ET ADDRESS						
CITY-ST-ZIP	MIAMI FL 33					-ST-ZIP						
TITLE	D			☐ Delete	TITLE	: -				!	☐ Change	Addition
NAME	DUFFY, BAR	Bara			NAM	:						
STREET ADDRESS	3100S W 62				1	ET ADDRESS						}
CITY-ST-ZIP	MIAMI FL 33	155			CITY	-ST-ZIP						
TITLE	S	LAD DEIDE MD		Delete	TITLE						☐ Change	☐ Addition
NAME	3100 SW 62	LAR, DEISE MD			NAMI	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33					-ST-ZIP						
TITLE	VC			☐ Delete	TITLE						Change	Addition
NAME	JORDAN, RO	BERT ESQ		L Delete	NAMI							
	3100 SW 62	nd avenue			STRE	ET ADDRESS						İ
CITY-ST-ZIP	MIAMI FL 33					-ST-ZIP						
		nformation supplied with ir supplemental report is receiver or flustee empor iment with an address, w										

CarroLL