

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90006 023 ****61.25

DOCUMENT # 737604

1. Entity Name
MIAMI CHILDREN'S HOSPITAL FOUNDATION, INC.



Principal Place of Business
**3000 S.W. 62ND AVE.
MIAMI, FL 33155**

Mailing Address
**3000 S.W. 62ND AVE.
MIAMI, FL 33155**

54060010



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302004 Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1720704

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REITER-FARAGALLI, ROBIN
3000 SW 62ND AVE.
MIAMI, FL 33155**

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 obligation of registered agent.

SIGNATURE

Robin Reiter-Faragalli

6/30/04

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 September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~XXX~~
NAME MORRISON, WILLIAM ☐ Delete
STREET ADDRESS 3000 S.W. 62ND AVE
CITY-ST-ZIP MIAMI, FL 33155

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

TITLE DP
NAME REITER-FARAGALLI, ROBIN ☐ Delete
STREET ADDRESS 3000 S.W. 62ND AVE
CITY-ST-ZIP MIAMI, FL 33155

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

TITLE ~~XX~~
NAME BLANK, MARK ☐ Delete
STREET ADDRESS 3000 SW 62 AVE
CITY-ST-ZIP MIAMI, FL 33155

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

TITLE ~~2VP~~
NAME SCHEINER, DAVID ☐ Delete
STREET ADDRESS 3000 SW 62 AVE
CITY-ST-ZIP MIAMI, FL 33155

1VP ☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE C
NAME WEISER, JUDY ☒ Delete
STREET ADDRESS 3000 S.W. 62ND AVE
CITY-ST-ZIP MIAMI, FL 33155

S ☐ Change ☒ Addition
NAME Thomas M. Cornish
STREET ADDRESS 3000 SW 62 Avenue
CITY-ST-ZIP Miami, FL 33155

TITLE ~~S~~
NAME OJEDA, ALAN ☐ Delete
STREET ADDRESS 3000 S.W. 62ND AVE
CITY-ST-ZIP MIAMI, FL 33155

2VP ☒ Change ☐ Addition
TITLE
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:

Robin Reiter-Faragalli

6/30/04

305/666-2889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #