

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90030 005 ****61.25

40015546



02022005 Chg-NP CR2E037 (10/03)

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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1720704	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REITER-FARAGALLI, ROBIN 3000 SW 62ND AVE. MIAMI, FL 33155				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
\$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 NAME STREET ADDRESS CITY - ST - ZIP	T MORRISON, WILLIAM 3000 S.W. 62ND AVE MIAMI, FL 33155 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REITER-FARAGALLI, ROBIN 3000 S.W. 62ND AVE MIAMI, FL 33155 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BLANK, MARK 3000 SW 62 AVE MIAMI, FL 33155 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1VP SCHEINER, DAVID 3000 SW 62 AVE MIAMI, FL 33155 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/1VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORNISH, THOMAS M 3000 S.W. 62ND AVE MIAMI, FL 33155 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2VP OJEDA, ALAN 3000 S.W. 62ND AVE MIAMI, FL 33155 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/2VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Robin Reiter-Faragalli</i> 2-7-05 305/666-2889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robin Reiter Date Daytime Phone #</small>					