

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90073 028 \*\*\*\*61.25

<b>DOCUMENT # 737604</b> 1. Entity Name <b>MIAMI CHILDREN'S HOSPITAL FOUNDATION, INC.</b>					
Principal Place of Business <b>3000 S.W. 62ND AVE. MIAMI, FL 33155</b>			Mailing Address <b>3000 S.W. 62ND AVE. MIAMI, FL 33155</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-1720704</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>REITER-FARAGALLI, ROBIN 3000 SW 62ND AVE. MIAMI, FL 33155</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MORRISON, WILLIAM <input checked="" type="checkbox"/> Delete 3000 S.W. 62ND AVE MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP REITER-FARAGALLI, ROBIN <input type="checkbox"/> Delete 3000 S.W. 62ND AVE MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC BLANK, MARK <input type="checkbox"/> Delete 3000 SW 62 AVE MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D1V SCHEINER, DAVID <input type="checkbox"/> Delete 3000 SW 62 AVE MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CORNISH, THOMAS M <input type="checkbox"/> Delete 3000 S.W. 62ND AVE MIAMI, FL 33155				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D2V OJEDA, ALAN <input type="checkbox"/> Delete 3000 S.W. 62ND AVE MIAMI, FL 33155				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP <b>J. David Scheiner</b>					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP <b>Alan Ojeda</b>					
TITLE NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP					
TITLE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS CITY-ST-ZIP <b>Teresa V-F Weintraub</b>					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Robin Reiter-Faragalli</i> <b>Robin Reiter-Faragalli, DP</b> 305/666-2889 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					