


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # 737604 1. Entity Name MIAMI CHILDREN'S HOSPITAL FOUNDATION, INC.	
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Principal Place of Business 3000 S.W. 62ND AVE. MIAMI, FL 33155	Mailing Address 3000 S.W. 62ND AVE. MIAMI, FL 33155
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1720704	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MORILLO, LUCY
3000 SW 62ND AVE.
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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 _____
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 May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SCHEINER, J.DAVID 3000 S.W. 62ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MORILLO, LUCY 3000 S.W. 62ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC BLANK, MARK 3000 SW 62 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D1V OJEDA, ALAN 3000 SW 62 AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CORNISH, THOMAS M 3000 S.W. 62ND AVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D2V WEINTRAUB, TERESA V 3000 S.W. 62ND AVE MIAMI, FL 33155

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02/14/08-80021-024 70.00

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Lucy Morillo, PRESIDENT** **1/24/08** **305-666-2889**
Daytime Phone #