## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#737604**

FILED Jan 23, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 

3000 S.W. 62ND AVE. MIAMI, FL 33155

**Current Mailing Address: New Mailing Address:** 

3000 S.W. 62ND AVE. MIAMI, FL 33155

FEI Number: 59-1720704 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

**OFFICERS AND DIRECTORS:** 

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.

SIGNATURE:

Name:

Address:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete SCHEINER, J.DAVID SCHEINER, J.DAVID Name: Name:

3000 S.W. 62ND AVE Address: 3000 S.W. 62ND AVE Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155

Title: DP Title: ( ) Delete () Change () Addition Name:

MORILLO, LUCY Name: Address: 3000 S.W. 62ND AVE Address: City-St-Zip: MIAIM, FL 33155 City-St-Zip:

Title: DC () Delete Title: (X) Change ( ) Addition BLANK, MARK MURGADO, MARIO Name: Name:

3000 SW 62 AVE Address: Address: 3000 SW 62 AVE City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155

( ) Delete Title: D1V Title: () Change () Addition

Name: OJEDA, ALAN Name: Address: 3000 SW 62 AVE Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip:

Title: DS () Delete Title: DC (X) Change ( ) Addition

CORNISH, THOMAS M CORNISH, THOMAS M Name: Name: 3000 S.W. 62ND AVE 3000 S.W. 62ND AVE Address: Address: City-St-Zip: MIAMI, FL 33155 City-St-Zip: MIAMI, FL 33155

Title: () Delete Title: (X) Change ( ) Addition

WEINTRAUB, TERESA V REILLY, KENNETH J Name: 3000 S.W. 62ND AVE Address: 3000 S.W. 62ND AVE MIAMI, FL 33155 MIAMI, FL 33155 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCY MORILLO DP 01/23/2009