

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02251 (9)
1. Corporation Name
MIAMI CHILDREN'S HOSPITAL RESEARCH INSTITUTE, INC.
C.



Principal Place of Business 3100 SW 62 AVE MIAMI FL 33155-3009 US	Mailing Address 3100 SW 62 AVE MIAMI FL 33155-3009 US
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21 2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2602318	Applied For Not Applicable
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	28 Zip	29 Country
30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

3. Date Incorporated or Qualified 03/28/1984	3a. Date of Last Report 04/15/1996
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9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	CD XX DELETE
NAME	RODRIGUEZ-TORRES, RAMON M.D.
STREET ADDRESS	3100 SW 62 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	VD XX DELETE
NAME	JONES, THOMAS F
STREET ADDRESS	3100 SW 62 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D XX DELETE
NAME	PINES, RICARDO M.D.
STREET ADDRESS	1001 S BAYSHORE DR #1900
CITY-ST-ZIP	MIAMI FL
TITLE	D XX DELETE
NAME	PAPAZIAN, OSCAR M.D.
STREET ADDRESS	3100 SW 62 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	D XX DELETE
NAME	SMITH, STANLEY M.D.
STREET ADDRESS	3100 SW 62 AVE
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fima Lifshitz, M.D.
1.3 STREET ADDRESS	3100 SW 62 Ave.
1.4 CITY-ST-ZIP	Miami, FL 33155
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William A. McDonald
2.3 STREET ADDRESS	3100 SW 62 Ave.
2.4 CITY-ST-ZIP	Miami, FL 33155
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Judith Darrell
3.3 STREET ADDRESS	3100 SW 62 Ave.
3.4 CITY-ST-ZIP	Miami, FL 33155
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Donna Thaler
4.3 STREET ADDRESS	3100 SW 62 Ave.
4.4 CITY-ST-ZIP	Miami, FL 33155
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mark Thomasson
5.3 STREET ADDRESS	3100 SW 62 Ave.
5.4 CITY-ST-ZIP	Miami, FL 33155
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 3/14/97 DAYTIME PHONE: 305-666-6511

CFR2037 (9/96)