


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90006 008 \*\*\*420.00

003228

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N02251</b>		
1. Corporation Name <b>MIAMI CHILDREN'S HOSPITAL RESEARCH INSTITUTE, IN C.</b>		
Principal Place of Business 3100 SW 62 AVE MIAMI FL 33155-3009 US	Mailing Address 3100 SW 62 AVE MIAMI FL 33155-3009 US	

562187-90006-44



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4	4. FEI Number	Applied For
22	City & State	27	City & State		59-2602318	Not Applicable
23	Zip	28	Zip	5	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Country	29	Country	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFSHITZ, MD F	1.2 NAME	
STREET ADDRESS	3100 SW 62 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, WILLIAM A	2.2 NAME	VD
STREET ADDRESS	3100 SW 62 AVE	2.3 STREET ADDRESS	ROZEK, Thomas
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	3100 SW 62nd Avenue Miami, FL 33155
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRELL, JUDITH	3.2 NAME	
STREET ADDRESS	3100 SW 62ND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASSON, MARK	4.2 NAME	
STREET ADDRESS	3100 SW 62 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: DAVID CARROLL 4/28/99 (305) 666-6511 ext 2556

CR2E037 (11/98)