

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02251

1. Entity Name

MIAMI CHILDREN'S HOSPITAL RESEARCH INSTITUTE, IN *rk*

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-23-2000 90176 001 ***420.00

Principal Place of Business

Mailing Address

3100 SW 62 AVE
 MIAMI FL 33155-3009
 US

3100 SW 62 AVE
 MIAMI FL 33155-3009
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2602318

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10.

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

ST-ZIP	OFFICERS AND DIRECTORS	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
CD	LIFSHITZ, MD F 3100 SW 62 AVE MIAMI FL <input type="checkbox"/> Delete	EXECUTIVE DIRECTOR LIFSHITZ, MD F 3100 SW 62 AVENUE MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	ROZEK, THOMAS 3100 SW 62 AVE MIAMI FL <input type="checkbox"/> Delete	(CHAIRMAN) PRESIDENT ROZEK, THOMAS 3100 SW 62 AVENUE MIAMI, FL 33155	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	DARRELL, JUDITH 3100 SW 62ND AVE MIAMI FL <input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	THOMASSON, MARK 3100 SW 62 AVE MIAMI FL <input checked="" type="checkbox"/> Delete	TREASURER DAVID CARROLL 3100 SW 62 AVENUE MIAMI, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/99)

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information reported 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 required, or on an attachment with an address, with all other like empowered.

SIGNATURE: *DAVID CARROLL* DAVID CARROLL 4/17/2000 (305) 666-6511
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

EFT 2556