

**2002 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90542 001 ***280.00

DOCUMENT # N02251

1. Entity Name

MIAMI CHILDREN'S HOSPITAL RESEARCH INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3100 SW 62nd Avenue

3. Mailing Address
3100 SW 62nd Avenue

Suite, Apt. #, etc.
Fiscal Services

Suite, Apt. #, etc.
Fiscal Services

DO NOT WRITE IN THIS SPACE

City & State
Miami, Fl 33155

City & State
Miami, Fl 33155

4. FEI Number
59-2602318

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

City
TALLAHASSEE FL Zip Code
32301

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CPD ROZEK, THOMAS 3100 SW 62nd Avenue Miami, Fl 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CARROLL, DAVID 3100 SW 62nd Avenue Miami, Fl 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED PATRICK, CHRISTIAN MD. 3100 SW 62nd Avenue Miami, Fl 33155
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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID CARROLL**

4/23/2002 (305)666-6511 3253 ext

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #