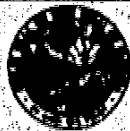


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS**

**APPROVED
AND
FILED**

95 APR 26 PM 12: 50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # N02761 (7)
1. Corporation Name
MIAMI CHILDREN'S HOSPITAL MEDICAL JOURNAL, INC.

Principal Place of Business Mailing Address
**3100 SW 62 AVE
MIAMI FL 33155-3009
US** **3100 SW 62 AVE
MIAMI FL 33155-3009
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1984** 3a. Date of Last Report **04/20/1994**
4. FEI Number **59-2574491** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under G. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD, SUITE 1500
MIAMI CENTER, 100 CHOPIN PLAZA
MIAMI FL 33131**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **RODRIGUEZ-TORRES, RAMON**
STREET ADDRESS **3100 SW 62 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **VD**
NAME **JONES, THOMAS F.**
STREET ADDRESS **3100 SW 62 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **SD**
NAME **PAPAZIAN, OSCAR M.D.**
STREET ADDRESS **3100 SW 62 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D**
NAME **SMITH, STANLEY M.D.**
STREET ADDRESS **6125 SW 31ST STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **D**
NAME **ALTMAN, DONALD H. M.D.**
STREET ADDRESS **3100 SW 62 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DTZ. 27 Jan.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RAMON RODRIGUEZ-TORRES MD

4/19/95 (305) 666-6511

Date Daytime Phone #