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1996 APR 15 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

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

|                                |  |                     |  |   |  |                              |  |
|--------------------------------|--|---------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified   |  | 3a. Date of Last Report      |  |
| 21                             |  | 26                  |  | 04/26/1984  |  | 04/26/1995                   |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc. |  | 4. FEI Number   |  | Applied For                  |  |
| 22                             |  | 27                  |  | 59-2574491  |  | Not Applicable               |  |
| City & State                   |  | City & State        |  | 5. Certificate of Status Desired  |  | 8.75 Additional Fee Required |  |
| 23                             |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution                                  |  | 5.00 May Be Added to Fees    |  |
| Zip                            |  | Country             |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes |  | Yes No                       |  |
| 24                             |  | 25                  |  | 29  |  | 30                           |  |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Corporation Service Company  
82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET  
83  
84 City TALLAHASSEE FL 85 Zip Code 32301

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 Gail Shelby, as agent Gail Shelby

Signature (Typed or printed name of registered agent, if applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

|                |                         |        |
|----------------|-------------------------|--------|
| TITLE          | PD                      | DELETE |
| NAME           | RODRIGUEZ-TORRES, RAMON |        |
| STREET ADDRESS | 3100 SW 62 AVE          |        |
| CITY-ST-ZIP    | MIAMI FL                |        |
| TITLE          | VD                      | DELETE |
| NAME           | JONES, THOMAS F.        |        |
| STREET ADDRESS | 3100 SW 62 AVE          |        |
| CITY-ST-ZIP    | MIAMI FL                |        |
| TITLE          | SD                      | DELETE |
| NAME           | PAPAZIAN, OSCAR M.D.    |        |
| STREET ADDRESS | 3100 SW 62 AVE          |        |
| CITY-ST-ZIP    | MIAMI FL                |        |
| TITLE          | D                       | DELETE |
| NAME           | SMITH, STANLEY M.D.     |        |
| STREET ADDRESS | 6125 SW 31ST STREET     |        |
| CITY-ST-ZIP    | MIAMI FL                |        |
| TITLE          | D                       | DELETE |
| NAME           | ALTMAN, DONALD H. M.D.  |        |
| STREET ADDRESS | 3100 SW 62 AVE          |        |
| CITY-ST-ZIP    | MIAMI FL                |        |
| TITLE          |                         | DELETE |
| 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: D. J. J. Jones

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 (305) 66-6511 x 2556  
Date Daytime Phone

CR2E037 (12/95)