


FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02761 (7)
1. Corporation Name
MIAMI CHILDREN'S HOSPITAL MEDICAL JOURNAL, INC.



Principal Place of Business 3100 SW 62 AVE MIAMI FL 33155-3009 US	Mailing Address 3100 SW 62 AVE MIAMI FL 33155-3009 US
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3. Date Incorporated or Qualified 04/26/1984	3a. Date of Last Report 04/15/1996
4. FEI Number 59-2574491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREEY
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	PD	1.1 TITLE	PD
NAME	RODRIGUEZ-TORRES, RAMON	1.2 NAME	Fima Lifshitz, M.D.
STREET ADDRESS	3100 SW 62 AVE	1.3 STREET ADDRESS	3100 SW 62 Ave.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	VD	2.1 TITLE	VD
NAME	JONES, THOMAS F	2.2 NAME	William A. McDonald
STREET ADDRESS	3100 SW 62 AVE	2.3 STREET ADDRESS	3100 SW 62 Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	SD	3.1 TITLE	SD
NAME	PAPAZIN, OSCAR M.D.	3.2 NAME	Nathan Anspach
STREET ADDRESS	3100 SW 62 AVE	3.3 STREET ADDRESS	3100 SW 62 Ave.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	D	4.1 TITLE	D
NAME	SMITH, STANLEY M.D.	4.2 NAME	Judith Darrell
STREET ADDRESS	6125 SW 31ST STREET	4.3 STREET ADDRESS	3100 SW 62 Ave.
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33155
TITLE	D	5.1 TITLE	D
NAME	ALTMAN, DONALD H M.D.	5.2 NAME	Mark Thomasson
STREET ADDRESS	3100 SW 62 AVE	5.3 STREET ADDRESS	3100 SW 62 Ave.
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, FL 33155
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:  3/14/97 305-666-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031077

CR2E037 (9/96)