FILE NOW: FILING FEE IS \$61.25				FILED		
COF	DNPROFIT RPORATION JAL REPORT	Sandra I	RTMENT OF STATE <b>3. Mortham</b> Irry of State	May 20		
1998		DIVISION OF CORPORATIONS		Secreta		state
	MENT # NO27					
Miami	Children's Hospital I	Medical Journal, Inc	•			
rincipal Place	e of Business	Mailing Address		I (UNKANA ULI SULIN JUHT POLIN UTAN) I	INET DIVIT DIVIT DIVIT DIVIT D	FININ HINNY NUNY
100 SW 62 AVE IIAMI FL 33155-3009 S		3100 SW 62 AVE MIAMI FL 33155-3009 US		3. Date Incorporated or Qualified     04/26/1984     4. FEI Number     Applied For		
				59-2574491		lot Applicable
<ul> <li>Principal P</li> </ul>	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired		Additional Reguired
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00	May Be to Fees
City & State	e	City & State		7. Is this nonprofit corporation a he		
Zip	Country 25	Zip 219	Country	B. This corporation owes or has pa Personal Property Tax due June	aid the current year Ir	ntangible
	9. Name and Address of Cur	rrent Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent	
	ATION SERVICE COMPANY		82 Street Add	press (P.O. Box Number is Not Acceptat	ble)	
	YS STREEY NSSEE FL 32301		83			-
TALLAHA	AS <b>SEE</b> FL 32301	0502 and 617.1508, Florida Statu	84 City	poration submits this statement for the p	FL	Code its registered
Pursuant 1     office or r     agent. I a     IGNATURE	to the provisions of Sections 617, egistered agont, or both, in the Si m familiar with, and accept the ot	d agent and title if applicable (NO	84 City tes, the above-named cor authorized by the corpora orida Statutes.		PL purpose of changing pt the appointment a	its registered s registered
TALLAHA Pursuant I office or r agent. I al IGNATURE _ 2.	to the provisions of Sections 617. egistered agont, or both, in the St m familiar with, and accept the ot Stonature, typed or proted name of registered OFF ICERS		84 City tes, the above-named cor authorized by the corpora orida Statutes.		PL purpose of changing pt the appointment a	its registered s registered RS IN 12
<b>TALLAHA</b> 1. Pursuant i office or ragent. I ai         SIGNATURE         2.         ITLE         AME         IREET ADDRESS	ASSEE FL 32301 to the provisions of Sections 617.1 egistered agont, or both, in the St m familiar with, and accept the of Stonetice, typed or proted name of registered OFF ICERS PD UFSHITZ, MD F 3100 SW 62 AVE	d agent and title if applicable (NO AND DIRECTORS	84     City       authorized by the corpore       authorized by the corpore       orida Statutes.       11.       12.       13.       1.1 TILE       1.2 NAME       1.3 STREET ADDRESS	uired when reinstating)	DUPDOSE OF CHANGING put the appointment a DATE CERS AND DIRECTO	its registered s registered RS IN 12
TALLAHA - Pursuant office or n agent. I a IGNATURE - - - - - - - - - - - - -	ASSEE FL 32301 to the provisions of Sections 617. egistered agont, or both, in the St m familiar with, and accept the ob Signature, typed or prefed name of registered OFF ICERS PD UFSHITZ, MD F	d agent and title if applicable (NO AND DIRECTORS	84         City           tes, the above-named cor authorized by the corpore orida Statutes.         100           12: Registered Agent signature required 13.         1.1 TITLE           1.1 TITLE         1.2 NAME	uired when reinstating)	DUPDOSE OF CHANGING put the appointment a DATE CERS AND DIRECTO	its registered s registered RS IN 12
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TALLAHA Pursuant i office or r agent. I ai IGNATURE 2. TLE WIE IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS TY-ST-ZIP	ASSEE FL 32301 to the provisions of Sections 617.1 egistered agent, or both, in the St m familiar with, and accept the ot Signature, typed or preted name of registered OFF ICERS PD LIFSHITZ, MD F 3100 SW 62 AVE MIAMI FL VD MCDONALD, WILLIAM A 3100 SW 62 AVE MIAMI FL	agerit and title if applicable (NO AND DIRECTORS	84     City       ites, the above-named cor authorized by the corpore orida Statutes.       11:       12:       13:       1.1       12:       13:       1.1       11:       12:       13:       1.1       12:       1.1       11:       12:       13:       1.1       11:       12:       13:       14:       14:       17:       21:       21:       21:       21:       21:       21:       21:       22:       NAME       23:       23:       24:       27:       21:       21:       21:       22:       23:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:       21:	uired when reinstating)	DUTPOSE of changing pt the appointment a DATE CERS AND DIRECTO	Its registered s registered RS IN 12 Addition
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