

FILE NOW: FILING FEE IS \$61.25

2000 UNI

NONPROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90176 001 ***420.00

DOCUMENT # N02761

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/26/1984

4. FEI Number

59-2574491

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREEY
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	LIFSHTIZ, MD F	
STREET ADDRESS	3100 SW 62 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, WILLIAM A	
STREET ADDRESS	3100 SW 62 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ANSPACH, NATHAN	
STREET ADDRESS	3100 SW 62 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DARRELL, JUDITH	
STREET ADDRESS	3100 SW 62ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMASSON, MARK	
STREET ADDRESS	3100 SW 62 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additi
2.2 NAME	VD
2.3 STREET ADDRESS	DUFFY, Barbara
2.4 CITY-ST-ZIP	3100 S.W. 62 ND AVENUE MIAMI, FL 33155
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additi
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 applicable.

SIGNATURE: *Barbara Duffy* EQU BARBARA DUFFY 4/25/2000 (305) 666-6511 ext 2556

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #