

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005598

FILED  
May 01, 2008  
Secretary of State

Entity Name: CHILDREN'S HOSPITAL COSTA RICA FOUNDATION, INC.

## Current Principal Place of Business:

2525 PONCE DE LEON BLVD., STE. 400  
ATTN: ROBERT B. MACAULAY  
CORAL GABLES, FL 33134

## New Principal Place of Business:

100 SE SECOND STREET, SUITE 4000  
ATTN: ROBERT B. MACAULAY  
MIAMI, FL 33131 US

## Current Mailing Address:

2525 PONCE DE LEON BLVD., STE. 400  
ATTN: ROBERT B. MACAULAY  
CORAL GABLES, FL 33134

## New Mailing Address:

100 SE SECOND STREET, SUITE 4000  
ATTN: ROBERT B. MACAULAY  
MIAMI, FL 33131 US

FEI Number: 30-0202582      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

MACAULAY, ROBERT B  
2525 PONCE DE LEON BLVD.  
SUITE 400  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

CFRA, LLC  
4221 WEST BOY SCOUT BOULEVARD  
10TH FLOOR  
TAMPA, FL 336075736 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT MACAULAY

05/01/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GAMBOA, LUIS  
Address: 2525 PONCE DE LEON BLVD., STE. 400  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: GONZALEZ, MANUEL  
Address: 2525 PONCE DE LEON BLVD., STE. 400  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: GONZALEZ, GONZALO  
Address: 2525 PONCE DE LEON BLVD., STE. 400  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS GAMBOA

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date