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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002498

1. Corporation Name

JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC

Principal Place of Business

3700 JOHNSON ST.  
HOLLYWOOD FL 33021

Mailing Address

3700 JOHNSON ST.  
HOLLYWOOD FL 33021



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3435 Johnson Street	26	3435 Johnson Street	05/13/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0492343	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23. Hollywood, FL		28. Hollywood, FL		\$8.75 Additional Fee Required	
24. Zip Country		29. Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
33021 USA		33021 USA		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SIPOS, DORIS K  
3700 JOHNSON ST  
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81	Name	Doris K. Sipos	
82	Street Address (P.O. Box Number is Not Acceptable)	3435 Johnson Street	
83			
84	City	Hollywood	FL
85	Zip Code	33021	

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

*Doris K. Sipos*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CT JENNE, KENNETH C II P.O. BOX 14723 NA FT. LAUDERDALE FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIZEL, HERBERT E MD	2.2 NAME	
STREET ADDRESS	3501 JOHNSON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIVINGSTON, PETER A MD	3.2 NAME	
STREET ADDRESS	3501 JOHNSON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33032	3.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, CARL E	4.2 NAME	
STREET ADDRESS	200 E BROWARD BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIPOS, DORIS K	5.2 NAME	
STREET ADDRESS	3700 JOHNSON ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASI, WENDY P	6.2 NAME	
STREET ADDRESS	2401 LAGUNA DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter A. Livingston* PETER A. LIVINGSTON MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

3/2/99

Daytime Phone #

954 985 3454

CR2E037 (1/1/98)