

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90023 035 \*\*\*\*70.00

<b>DOCUMENT # N94000002498</b>					
<b>1. Entity Name</b> JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC.					
<b>Principal Place of Business</b> 3435 JOHNSON ST HOLLYWOOD, FL 33021 US			<b>Mailing Address</b> 3435 JOHNSON ST HOLLYWOOD, FL 33021 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0492343	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> EACHUS, DONALD 3435 JOHNSON ST HOLLYWOOD, FL 33021			<b>7. Name and Address of New Registered Agent</b> Name: <u>Kevin R. Janser</u> Street Address (P.O. Box Number is Not Acceptable): <u>3435 Johnson St.</u> City: <u>Hollywood</u> FL Zip Code: <u>33021</u>		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>[Signature]</u> <u>Kevin R. Janser / Vice-President &amp; Executive Director</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> CD <b>NAME</b> BIRKEN, GARY MD <b>STREET ADDRESS</b> 3435 JOHNSON ST <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<b>TITLE</b> <u>Immediate Past Chair</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VCD <b>NAME</b> SCHUSTER, CARL ESQ <b>STREET ADDRESS</b> 3435 JOHNSON STREET <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<b>TITLE</b> <u>Treasurer</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> VCD <b>NAME</b> FERNANDEZ, ALBERTO E <b>STREET ADDRESS</b> 3435 JOHNSON STREET <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<b>TITLE</b> <u>2nd Vice Chair</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> TD <b>NAME</b> SCHWARTZ, BRIAN <b>STREET ADDRESS</b> 3435 JOHNSON STREET <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<b>TITLE</b> <u>Chairman</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> IED <b>NAME</b> EACHUS, DONALD <b>STREET ADDRESS</b> 3435 JOHNSON ST <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<b>TITLE</b> <u>Secretary</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <u>Mitchell Eisenberg, M.D.</u> <u>3435 Johnson St.</u> <u>Hollywood, FL 33021</u>				
<b>TITLE</b> SD <b>NAME</b> HUROWITZ, SUSANNE <b>STREET ADDRESS</b> 3435 JOHNSON STREET <b>CITY-ST-ZIP</b> HOLLYWOOD, FL 33021	<b>TITLE</b> <u>1st Vice Chair</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>Gary A. Birken, MD</u> <u>2/14/08</u> <u>954-9853454</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					