

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N95000005676 (0)

1. Corporation Name

MIAMI CHILDREN'S HOSPITAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

~~8125 S.W. 81ST STREET~~
MIAMI FL 33155

~~8125 S.W. 81ST STREET~~
MIAMI FL 33155

2. Principal Place of Business

2a. Mailing Address

21 3000 S.W. 62 Ave
Suite, Apt. #, etc.

26 3000 S.W. 62 Ave
Suite, Apt. #, etc.

22

27

City & State

23 MIAMI, FL

City & State

28 MIAMI, FL

Zip

24 33155

Country

25 DADE

Zip

29 33155

Country

30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYONS, ANN

~~8125 S.W. 81ST STREET~~
MIAMI FL 33155

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3000 S.W. 62 Avenue

83

84 City

MIAMI

FL

85 Zip Code

33155

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ALTMAN, DONALD H
STREET ADDRESS 3100 SW 62 AVE.
CITY-ST-ZIP MIAMI FL 33155

1.1 TITLE PRESIDENT ☐ Change ☒ Addition
1.2 NAME DAVID M. WALTERS
1.3 STREET ADDRESS 3000 S.W. 62 AVE
1.4 CITY-ST-ZIP MIAMI, FL 33155

TITLE D ☐ DELETE
NAME BOTIFALL, LUIS J
STREET ADDRESS 2029 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL 33134

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ~~D~~ ☒ DELETE
NAME ~~COURTELIS, ALEC P~~
STREET ADDRESS ~~701 BRICKELL AVE., #1400~~
CITY-ST-ZIP ~~MIAMI FL 33131~~

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FASCELL, DANTE
STREET ADDRESS 701 BRICKELL AVE., #3000
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME 300001802853
4.3 STREET ADDRESS -05/01/96-01019-043
4.4 CITY-ST-ZIP ***70.00

TITLE ~~D~~ ☒ DELETE
NAME ~~FRANK, FLORENCE M~~
STREET ADDRESS ~~9999 COLLINS AVE., #208~~
CITY-ST-ZIP ~~BAL HARBOR FL 33154~~

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GILMAN, MILES E
STREET ADDRESS 12900 SW 61 AVE.
CITY-ST-ZIP MIAMI FL 33156

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *David M. Walters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. WALTERS (PRES)

4-22-96

Date

(305) 666-2889

Daytime Phone #

CR2E037 (12/95)