2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2021
Secretary of State
3867999267CC

DOCUMENT# 705162

Entity Name: VARIETY CHILDREN'S HOSPITAL

Current Principal Place of Business:

3100 SW 62 AVE
MIAMI, FL 33155-3009

Current Mailing Address:

3100 SW 62 AVE
MIAMI, FL 33155-3009 US

FEI Number: 59-0638499

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MIAMI CHILDREN'S HEALTH SYSTEM, INC.C/O LEGAL DEPT
3100 SW 62 AVE
MIAMI, FL 33155-3009 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
Name	MURGADO, MARIO
Address	3100 SW 62 AVE.
City-State-Zip:	MIAMI FL 33155

Title	CHAIR
Name	DAVIS, JARET
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	DIRECTOR
Name	SOTO, ALEX
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	DIRECTOR AND PRESIDENT
Name	REED, PERRY ANN
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	DIRECTOR
Name	LOVE, MATTHEW
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155

Title	DIRECTOR
Name	BOGGS, MICHELLE
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	SECRETARY
Name	CHARLEY, AMY
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	DIRECTOR
Name	PATEL, RICKY
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

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I hereby 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 all other like empowered.

SIGNATURE: PERRY ANN REED — DIRECTOR AND PRESIDENT — 03/17/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MESTRE, MARCOS
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	DIRECTOR
Name	KERN, DREW
Address	3100 SW 62ND AVE
City-State-Zip:	MIAMI FL 33155

Title	DIRECTOR
Name	LIE-NIELSEN, JOHN
Address	3100 SW 62ND AVE
City-State-Zip:	MIAMI FL 33155

Title	DIRECTOR
Name	PERLYN, CHAD MD
Address	3100 SW 62ND AVENUE
City-State-Zip:	MIAMI FL 33155-3009

Title	DIRECTOR
Name	TOTAPALLY, BALAGANGADHAR
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	VICE CHAIR
Name	NADER, JOSEPH
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009

Title	DIRECTOR
Name	FRANCO, MARIA MD
Address	3100 SW 62ND AVE
City-State-Zip:	MIAMI FL 33155

Title	DIRECTOR
Name	MORENO, FEDERICO
Address	3100 SW 62ND AVE
City-State-Zip:	MIAMI FL 33155

Title	DIRECTOR
Name	MELNICK, STEVEN MD
Address	3100 SW 62 AVE
City-State-Zip:	MIAMI FL 33155-3009