

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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:**ANDREWS-SINGH, APRIL
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:** APRIL ANDREWS-SINGH

04/28/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name KINI, NARENDRA MD
Address 3100 SW 62 AVE.
City-State-Zip: MIAMI FL 33155

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

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

Title TREASURER
Name BIRKENSTOCK, TIM
Address 3100 SW 62 AVE
City-State-Zip: MIAMI FL 33155

Title SECRETARY
Name BIEHLER, JEFFRY MD
Address 3100 SW 62 AVE
City-State-Zip: MIAMI FL 33155-3009

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

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

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

Continues on page 2

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: NARENDRA KINI, MD

PRESIDENT & CEO

04/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title DIRECTOR
Name MAS, JUAN CARLOS
Address 3100 SW 62 AVE
City-State-Zip: MIAMI FL 33155-3009

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

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