

**2022 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:** No

**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:** JODI LAURENCE

04/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

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

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

Title DIRECTOR  
Name MESTRE, MARCOS  
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:** JODI LAURENCE

GENERAL COUNSEL

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
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

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

Title CFO, TREASURER  
Name JAVERSACK, DAWN  
Address 3100 SW 62 AVE  
City-State-Zip: MIAMI FL 33155-3009

Title VC  
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 GENERAL COUNSEL  
Name LAURENCE, JODI  
Address 3100 SW 62 AVE  
City-State-Zip: MIAMI FL 33155-3009