

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008380

**Entity Name:** MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC.

**Current Principal Place of Business:**

3100 SW 62ND AVE  
MIAMI, FL 33155

**Current Mailing Address:**

3100 SW 62ND AVE  
MIAMI, FL 33155

**FEI Number: 46-1784918**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ANDREWS-SINGH, APRIL ESQ  
3100 SW 62ND AVE  
MIAMI, FL 33155 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 PATEL, RICKY ESQ.  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title EX OFFICIO DIRECTOR  
Name KINI, NARENDRA MD  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title CHAIRPERSON  
Name LOPEZ, MARILE  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title PRESIDENT, CEO  
Name MORILLO, LUCY ESQ.  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name PEREZ-HICKMAN, FERNANDO  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title VP  
Name CHOWDHURY, RAVNEET ESQ.  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name KERR, STEVEN PHD  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name DE LA VEGA, MAYI  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

**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: LUCY MORILLO, ESQ.**

**PRESIDENT**

**03/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

Title SECRETARY  
Name MARTIN, DAVID  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title TREASURER  
Name SANTOS, MARLENE  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name CAMPBELL-BEAVERS, EILAH  
Address 3100 SW 62ND AVE  
City-State-Zip: MIAMI FL 33155