

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90002 040 ****61.25

DOCUMENT # F96000001436

1. Entity Name

CHILD FAMILY HEALTH INTERNATIONAL (INC)

R

Principal Place of Business

Mailing Address

2149 LYON ST.
 #5
 SAN FRANCISCO CA 94115

2149 LYON ST.
 #5
 SAN FRANCISCO CA 94115

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-3145385

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

00082411



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERSON, DORIS
914 EAST RIDGE VILLAGE DR.
MIAMI FL 33157

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DPC JONES, EVALEEN M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	2149 LYON ST.	
CITY-ST-ZIP	SAN FRANCISCO CA 94115	
TITLE NAME	CFOT CONRAD, JAMES	<input type="checkbox"/> Delete
STREET ADDRESS	2149 LYON ST #5	
CITY-ST-ZIP	SAN FRANCISCO CA 94415	
TITLE NAME	D DE ANDERSON, CECILIA A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1451 BEACH PARK BLVD., #122	
CITY-ST-ZIP	FOSTER CITY CA 94404	
TITLE NAME	D HABIS, JOSEPH M.D.	<input type="checkbox"/> Delete
STREET ADDRESS	133 EDWARDS ST., #A	
CITY-ST-ZIP	ST. HELENA CA 94574	
TITLE NAME	RS VAUGHN, JENNIFER	<input type="checkbox"/> Delete
STREET ADDRESS	892 33RD AVENUE	
CITY-ST-ZIP	SAN FRANCISCO CA 94121	
TITLE NAME	D LEBARON, SAMUEL	<input type="checkbox"/> Delete
STREET ADDRESS	2149 LYON ST., #5	
CITY-ST-ZIP	SAN FRANCISCO CA 94115	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CFR2E037 (5/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF EVALEEN JONES M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-19-00 680 864-4900