

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 11, 2006  
Secretary of State**

DOCUMENT# F96000001436

Entity Name: CHILD FAMILY HEALTH INTERNATIONAL (INC)

**Current Principal Place of Business:**

995 MARKET STREET  
SUITE 1104  
SAN FRANCISCO, CA 94103

**New Principal Place of Business:**

**Current Mailing Address:**

995 MARKET STREET  
SUITE 1104  
SAN FRANCISCO, CA 94103

**New Mailing Address:**

FEI Number: 94-3145385      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

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

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

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: JONES, EVALEEN M.D.  
Address: 995 MARKET STREET, #1104  
City-St-Zip: SAN FRANCISCO, CA 94103

Title: T ( ) Delete  
Name: STINSON, MARK M.D.  
Address: 995 MARKET STREET, #1104  
City-St-Zip: SAN FRANCISCO, CA 94103

Title: S ( ) Delete  
Name: PRICE, LAURIE M.P.H.  
Address: 995 MARKET STREET, #1104  
City-St-Zip: SAN FRANCISCO, CA 94103

Title: V ( ) Delete  
Name: SOMOZA, JOHN  
Address: 995 MARKET STREET, #1104  
City-St-Zip: SAN FRANCISCO, CA 94103

Title: D ( ) Delete  
Name: PICKUS, JOSHUA  
Address: 995 MARKET STREET, #1104  
City-St-Zip: SAN FRANCISCO, CA 94103

Title: C ( ) Delete  
Name: AJAY, MALLIK  
Address: 995 MARKET STREET, #1104  
City-St-Zip: SAN FRANCISCO, CA 94103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: EVALEEN JONES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

DR.

04/11/2006

\_\_\_\_\_  
Date