


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 035 ****70.00

DOCUMENT # F96000001436
1. Entity Name
CHILD FAMILY HEALTH INTERNATIONAL (INC)



Principal Place of Business Mailing Address
995 MARKET STREET 995 MARKET STREET
SUITE 1104 SUITE 1104
SAN FRANCISCO CA 94103 SAN FRANCISCO CA 94103



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent
EMERSON, DORIS
914 EAST RIDGE VILLAGE DR.
MIAMI FL 33157

7. Name and Address of New Registered Agent
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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, EVALEEN M.D.	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	T	<input type="checkbox"/> Delete
NAME	STINSON, MARK M.D.	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	S	<input type="checkbox"/> Delete
NAME	PRICE, LAURIE M.P.H.	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOMOZA, JOHN	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	D	<input type="checkbox"/> Delete
NAME	PICKUS, JOSHUA	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	
TITLE	C	<input type="checkbox"/> Delete
NAME	AJOY, MALLIK	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO CA 94103	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARCIA HATCH (ex officio)	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO, CA 94103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN LEVY	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO, CA 94103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN E. SCHMIDBAUER (ex officio)	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO, CA 94103	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNJAN SINHA	
STREET ADDRESS	995 MARKET STREET, #1104	
CITY-ST-ZIP	SAN FRANCISCO, CA 94103	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Steve Schollbauer* 3/7/07 415 957-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #