

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001436

FILED
Apr 24, 2009
Secretary of State

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 (X)

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: BILLER, ALAN 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: D () Delete
Name: LEVY, ELLEN
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: AJLOY, 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: S (X) Change () Addition
Name: ZEPHYRIN, LAURIE C M.D.
Address: 995 MARKET STREET, #1104
City-St-Zip: SAN FRANCISCO, CA 94103

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 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

D

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date