

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F96000001436

FILED  
Feb 11, 2003  
Secretary of State

Entity Name: CHILD FAMILY HEALTH INTERNATIONAL (INC)

## Current Principal Place of Business:

2149 LYON ST.  
#5  
SAN FRANCISCO, CA 94115

## New Principal Place of Business:

953 MISSION STREET  
#220  
SAN FRANCISCO, CA 94103

## Current Mailing Address:

2149 LYON ST.  
#5  
SAN FRANCISCO, CA 94115

## New Mailing Address:

953 MISSION STREET  
#220  
SAN FRANCISCO, CA 94103

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: DPC ( ) Delete  
Name: JONES, EVALEEN M.D.  
Address: 2149 LYON ST.  
City-St-Zip: SAN FRANCISCO, CA 94115

Title: CFOT ( ) Delete  
Name: CONRAD, JAMES  
Address: 2149 LYON ST #5  
City-St-Zip: SAN FRANCISCO, CA 94415

Title: D ( ) Delete  
Name: HABIS, JOSEPH M.D.  
Address: 133 EDWARDS ST., #A  
City-St-Zip: ST. HELENA, CA 94574

Title: RS ( ) Delete  
Name: VAUGHN, JENNIFER  
Address: 892 33RD AVENUE  
City-St-Zip: SAN FRANCISCO, CA 94121

Title: D ( ) Delete  
Name: LEBARON, SAMUEL  
Address: 2149 LYON ST., #5  
City-St-Zip: SAN FRANCISCO, CA 94115

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPC (X) Change ( ) Addition  
Name: JONES, EVALEEN M.D.  
Address: 953 MISSION STREET #220  
City-St-Zip: SAN FRANCISCO, CA 94103

Title: CFOT (X) Change ( ) Addition  
Name: UNSELL, LISA  
Address: 953 MISSION STREET  
City-St-Zip: SAN FRANCISCO, CA 94103

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

Title: RS (X) Change ( ) Addition  
Name: SOMOZA, JOHN  
Address: 84 LANDERS STREET, B  
City-St-Zip: SAN FRANCISCO, CA 94114

Title: D (X) Change ( ) Addition  
Name: MORRISON, KATHLEEN M.D.  
Address: 953 MISSION STREET  
City-St-Zip: SAN FRANCISCO, CA 94103

Title: D ( ) Change (X) Addition  
Name: FORT, RAY  
Address: 953 MISSION STREET  
City-St-Zip: SAN FRANCISCO, CA 94103

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA UNSELL

CFOT

02/11/2003

Electronic Signature of Signing Officer or Director

Date