

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91015 009 ****61.25

DOCUMENT # N00000001585

1. Entity Name

CHILDREN'S HEALTH FOUNDATION, INC.



Principal Place of Business

2255 GLADES ROAD STE 324A
BOCA RATON FL 33431

Mailing Address

2255 GLADES ROAD STE 324A
BOCA RATON FL 33431

04044444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

65-0997170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALDOVIN, PAUL A JR.
225 NE MIZNER BLVD STE 300
BOCA RATON FL 33432

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. **RAPHAEL G. RUCCI**

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
Due By May 1, 2004

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 DPST
NAME RUCCI, RAPHAEL C.
STREET ADDRESS 6261-2 BAY CLUB DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE D
NAME BALDOVIN, PAUL J ESQ.
STREET ADDRESS 225 NE MIZNER BLVD STE 300
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE D
NAME MEEHAN, GERALD
STREET ADDRESS 6259-2 BAY CLUB DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE D
NAME SCHIUMA, M. D., ANTHONY T.
STREET ADDRESS 2830 EAST OAKLAND PARK BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33306 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAPHAEL C. RUCCI PRESIDENT/DIRECTOR

4/5/04

Date

(561) 988-8444

Daytime Phone #