


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90046 017 ****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																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 65-0997170																									
Zip		Country		Applied For Not Applicable																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
RUCCI, RAPHAEL C 6261 - 2 BAY CLUB DR FORT LAUDERDALE, FL 33308			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 _____																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State																									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																										
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Raphael C. Rucci</u> 2/21/06 (561) 988-8444 CHILDREN'S HEALTH FOUNDATION, Inc.																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAPHAEL C. RUCCI, President/Director																													