FILED
Jun 27, 2003 8:00 am
Secretary of State
06-16-2003 90150 019 ****61.25

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2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002064

1. Entity Name
AHIA EDUCATION FOUNDATION, INC.

1-7-03

Principal Place of Business	Mailing Address
7043 DONEGAL DRIVE ONSTED, MI 49265 US	P.O. BOX 449 ONSTED, MI 49265-0449 US

55049980

[redacted]

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. same as	Suite, Apt. #, etc. above
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 36-3666960 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULLEN, JUDITH 3682 N.W. 52ND GAINESVILLE, FL 32606	Name Street Address (P.O. Box Number is Not Acceptable) N/A 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 _____ DATE

FILING FEE $35.00

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

Mail This Report To: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MULCAHY, WILLIAM J~~ ~~1782 CLIFTON ROAD NE STE 307~~ ~~ATLANTA, GA 30322~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARK RUPPERT ~~25627 MORNING MIST DR~~ ~~STEVENSON RANCH CA 91381~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~FEGGAN, LAURA~~ ~~6401 GILHAM ROAD~~ ~~KANSAS CITY, MO 64108~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEBI WEATHERFORD 451 WOODHAVEN NE MARIETTA GA 30067-3608	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOGUSZ, PATRICIA M 7043 DONEGAL DRIVE ONSTED, MI 49265	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SPENCE, KENNETH ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Patricia M Boguz 6/12/03 517-467-7729

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED — Date — Daytime Phone #

PATRICIA M. BOGUSZ
EXECUTIVE DIRECTOR

Cedars-Sinai Health System
116 N. Robertson Blvd
Suite 900
Los Angeles, CA
90048

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Children's Healthcare of Atlanta
1584 Tullie Circle
Atlanta GA
30329