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1996 APR 15 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004557 (5)**  
1. Corporation Name  
**CHILDREN'S HEALTH SERVICES, INC.**

Principal Place of Business: **3100 SW 62 AVE MIAMI FL 33155 US**  
Mailing Address: **3100 SW 62 AVE MIAMI FL 33155 US**

3. Date Incorporated or Qualified: **09/29/1993**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **65-0438667**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent:  
**CORPORATION COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
STE 1600  
MIAMI FL 33131**

10. Name and Address of New Registered Agent:  
81 Name: **Corporation Service Company**  
82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYS STREET**  
83  
84 City: **TALLAHASSEE** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Gail Shelby, as agent Gail Shelby  
Signature typed or printed name of registered agent and, if applicable, Registered Agent; signature required when ratifying. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12
TITLE: PD NAME: SCHACK, STUART STREET ADDRESS: 3100 SW 62ND AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE: D NAME: DWORE, DONALD STREET ADDRESS: 1555 PALM BEACH LAKE BLVD. CITY-ST-ZIP: WEST PALM BCH FL	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE: D NAME: LAWLESS, THOMAS STREET ADDRESS: 3465 NW 2ND AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE: V NAME: KAUFFMAN, LOUIS STREET ADDRESS: 3100 SW 62ND AVE CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME: <b>ANSDACH NATHAN</b> 4.3 STREET ADDRESS: <b>3100 SW 62ND AVE</b> 4.4 CITY-ST-ZIP: <b>MIAMI FL 33155</b>
TITLE: S NAME: DARRELL, JUDITH STREET ADDRESS: 3100 SW 62ND AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE: T NAME: ALFARO, PEDRO A STREET ADDRESS: 3100 SW 62ND AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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\*\*\*\*\*70.00 \*\*\*\*\*70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Steve Schack Gail Shelby  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 4/11/96 (305)666-6511 x2556  
Daytime Phone #

CR2E037 (12/95)