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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

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FILED Apr 11 1997 8:00am Secretary of State

CHILDREN'S HEALTH KARE OF SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 3100 SW 62ND AVENUE MIAMI FL 33155-3009 MIAMI FL 33155-3009											
					3.	04/23/19	d or Qualified	d 3a. Da	te of La	ast Report	
2. Principal P	lace of Business	2a. Mailing Address			4.	FEI Number				Applied I	For
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	Certificate of Sta	tus Desired	ХX		75 Additio	
22		City & State								e Required	
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Zip	Country	. Zib	Count	try	- R	This corporation					
24	25	29	30	•	"	Florida Statutes	rido lidolity it	Yes [_	uoi o. 155.0	,
	9. Name and Address of Curre	ent Registered Agent			10	. Name and Add	ress of New	Registered	Agent		
			8	1 Name	1						
CORPO	RATION SERVICE COMPANY			2 Street	Address (I	dress (P.O. Box Number is Not Acceptable)					
,	NYS STREET										
TALLAH	ASSEE FL 32301		8	3							
			8	4 City				FL	85	Zip Code	
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agent La		02 and 617.1508, Florida Statule of Florida. Such change was gations of, Section 617.0503, F					. I hereby acc		ointmer	nt as registe	
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4. I do 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 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 of 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 a palachment with an adures.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/97 305-666-65