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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002269

1. Corporation Name

CHILDREN'S HEALTH KARE OF SOUTH FLORIDA, INC.

Principal Place of Business

3100 SW 62ND AVENUE
MIAMI FL 33155-3009

Mailing Address

3100 SW 62ND AVENUE
MIAMI FL 33155-3009



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/23/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0678574

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **ANSPACH, NATHAN**
STREET ADDRESS **3100 SW 62ND AVE**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

DUFFY, Barbara
3100 SW 62nd Avenue
Miami, FL 33155

TITLE **D** ☒ DELETE

NAME **DARRELL, JUDITH**
STREET ADDRESS **3100 SW 62ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33155-3009**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

Jaques, Denise
3100 SW 62nd Avenue
Miami, FL 33155

TITLE **D** ☐ DELETE

NAME **CARROLL, DAVID**
STREET ADDRESS **3100 S W 62ND AVENUE**
CITY-ST-ZIP **MIAMI FL 33155-3009**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

DAVID CARROLL

4/28/99 (305) 666-6511 ext 2556

Date

Daytime Phone #

CR2E037 (11/98)