

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90176 001 \*\*\*420.00

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT



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

**DOCUMENT # N93000004557**

1. Corporation Name

**CHILDREN'S HEALTH SERVICES, INC.**

10080

Principal Place of Business

3100 SW 62 AVE  
 MIAMI FL 33155  
 US

Mailing Address

3100 SW 62 AVE  
 MIAMI FL 33155  
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

09/29/1993

4. FEI Number

65-0438667

Applied For  
 Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution



\$5.00 May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, WILLIAM A	
STREET ADDRESS	3100 SW 62ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANSDACH, NATHAN	
STREET ADDRESS	3100 SW 52ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARROLL, DAVID	
STREET ADDRESS	3100 SW 62ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additi
1.2 NAME	ROZEK, THOMAS	
1.3 STREET ADDRESS	3100 SW 62ND AVENUE	
1.4 CITY-ST-ZIP	MIAMI FL 33155	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Additi
2.2 NAME	BRENNAN, BARRY	
2.3 STREET ADDRESS	3100 SW 62ND AVENUE	
2.4 CITY-ST-ZIP	MIAMI, FL 33155	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additi
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

*David Carroll*

**DAVID CARROLL**

4/17/2000

(305) 666-6511 ext

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2556