FILE NOW: FILING FEE IS \$61.25

2000 UNIFOR

NONPRÓFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State / DIVISION OF CORPORATIONS

DOCUMENT # N9600002269

1. Corporation Name

CHILDREN'S HEALTH KARE OF SOUTH FLORIDA, INC.

9. Name and Address of Current Registered Agent

Principal Place of Business

2. Principal Place of Business

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CORPORATION SERVICE COMPANY

Suite, Apt. #, etc.

City & State

23 Ζiρ Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

3100 SW 62ND AVENUE MIAMI FL 33155-3009

3100 SW 62ND AVENUE MIAMI FL 33155-3009

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

05-23-2000 90176 001 ***420.00

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	Incorpor 23/1990	or Qua	alifed	 		_	

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

4. FEI Number

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

65-0678574

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

NAME STREET ADDRESS CITY- ST-ZIP MIAMI FL TILE D DARRELL, JUDITH STREET ADDRESS CITY- ST-ZIP MIAMI FL TILE D DARRELL, JUDITH STREET ADDRESS CITY- ST-ZIP MIAMI FL TILE D DARRELL, JUDITH STREET ADDRESS CITY- ST-ZIP MIAMI FL TAQUES, Denise 21 title D TILE D DELETE 31 title D DELETE 41 title D DELETE 52 NAME STREET ADDRESS CITY- ST-ZIP TITLE D DELETE 53 STREET ADDRESS CITY- ST-ZIP TITLE D DELETE 54 STREET ADDRESS CITY- ST-ZIP TITLE D DELETE 55 NAME STREET ADDRESS CITY- ST-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY- ST-ZIP	1201 HAY	YS STREET	<u> </u>				
FL 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 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 types or private name of negistered agent and title if applicable. (NOTE Replatered Agent signature required when refusation) DATE	TALLAHA	SSEE FL 32301	83		,		,
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. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and the # applicable. OFFICERS AND DIRECTORS TITLE D OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D OFFICERS AND DIRECTORS 11. ITILE D OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS TITLE ANSPACH, NATHAN STREET ADDRESS STRE		• .	84	City	FL	85 Zip	Code
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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					1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		

Country

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Name

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nnual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an Tyr trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corp Block 12 or Block 13 if chang an address, with all other like empowered. REQUIPAVED CARROLL 4/17/2000 (305) 666-6511 ext 2556

SIGNATURE: