NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002

FILED May 14, 2002 8:00 am Secretary of State

DOCUMENT # N93000004557 1. Entity Name						05-14-2002 90542 001 ***280.00		
CHILDREN'S HEALTH SERVICES, INC.								
DO NOT WRITE IN THIS SPACE								
2. Principal Place of Business 3. Mailing Address 3100 SW 62nd AVENUE 3100 SW 62nd					INUE			
Suite, Apt. #. etc. Fiscal Services			Suite, Apt. #, etc. Fiscal Services			DO NOT WRITE IN THIS SPACE		
City & State		33155-3009	City & State MIAMI, FL 33155-3009		4. FEI Number 65-0438667	Applied For		
Zip		Country	Zip	,	untry	5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
			l in altibus			7. Name and Address of Current Regis	Fee Required	
DO NOT WRITE Street Address (F					Name C	CORPORATION SERVICE COMPANYA		
					P.O. Box Number is Not Acceptable)			
IN THIS SPACE					1	1201 HAYS STREET		
					City TALLAHASSEE, FL FL Zip Code 32301			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.								
SIGNATURE								
		California de Arrello (Mala Carrello						
		IS \$61.25 Amended UBR	9. Election Ca Trust Fund		. " , , , , , , , , , , , , , , , , , ,		heck Payable to	
10. •		OFFICERS AND DIRE	CTORS			Manager of the state of the sta		
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CITY - ST - ZIP	3100 8	W 62nd AVENUE	MIAMI,FL33155	CITY	ST-ZIP	(2)		
TITLE	SD		- 11 - 1112 12-12-1	·mle	111111111111111111111111111111111111111	医乙酰胺 网络萨莱州市		
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CITY-ST-ZIP				спу			Hipper Committee of the	

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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. ext 3253

SIGNATURE:

Mull SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID W.CARROLL

Date

4/23/2002 (305)666-6511 Daytime Phone #