

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

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

05-14-2002 90542 001 \*\*\*280.00

**DOCUMENT #** N9300004557

1. Entity Name

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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3100 SW 62nd AVENUE**

3. Mailing Address  
**3100 SW 62nd AVENUE**

Suite, Apt. #, etc.  
**Fiscal Services**

Suite, Apt. #, etc.  
**Fiscal Services**

DO NOT WRITE IN THIS SPACE

City & State  
**MIAMI, FL 33155-3009**

City & State  
**MIAMI, FL 33155-3009**

4. FEI Number **65-0438667**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **XX** **\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
**CORPORATION SERVICE COMPANY A**

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

**1201 HAYS STREET**

City  
**TALLAHASSEE, FL FL 32301**

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**

**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**D  
ROZEK, THOMAS  
3100 SW 62nd AVENUE  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**SD  
BRENNAN, BARRY  
3100 SW 62nd AVENUE  
MIAMI, FL 33155**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**TD  
CARROLL, DAVID  
3100 SW 62nd AVENUE  
MIAMI, FL 33155**

TITLE  
NAME  
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CITY- ST- ZIP

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IN THIS SPACE**

12. 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 or 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DAVID W. CARROLL**

**4/23/2002 (305) 666-6511**

Date

Daytime Phone #

**ext 3253**

CR2E037B (12/01)