

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

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0438667** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRENNAN, BARRY 3100 SW 62nd AVENUE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARROLL, DAVID 3100 SW 62nd AVENUE MIAMI, FL 33155	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **DAVID W. CARROLL** **4/23/2002** **(305) 666-6511** **ext 3253**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)