


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N93000004557  
 1. Entity Name  
 CHILDREN'S HEALTH SERVICES, INC.



Principal Place of Business      Mailing Address  
 3100 SW 62 AVE      3100 SW 62 AVE  
 MIAMI, FL 33155 US      MIAMI, FL 33155 US

**DO NOT WRITE IN THIS SPACE**



04262005 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
 65-0438667      Not Applicable

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

6. Name and Address of Current Registered Agent  
 CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

1100000360890  
 05/05/05-80052-006 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROZEK, THOMAS
STREET ADDRESS	3100 SW 62ND AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	BRENNAN, BARRY
STREET ADDRESS	3100 SW 52ND AVE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	CARROLL, DAVID
STREET ADDRESS	3100 SW 62ND AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David W. Carroll      DATE: 4/27/05      Daytime Phone #: (305) 666-6511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      EXT 25576