


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90084 032 \*\*\*\*70.00

DOCUMENT # N93000004557			
1. Entity Name CHILDREN'S HEALTH SERVICES, INC.			
Principal Place of Business 3100 SW 62 AVE MIAMI, FL 33155 US		Mailing Address 3100 SW 62 AVE MIAMI, FL 33155 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>3100 SW 62 Ave</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>Finance &amp; Accounting</i>	
City & State		City & State <i>Miami, FL</i>	
Zip	Country	Zip	Country
<i>33155</i>		<i>33155</i>	<i>US</i>
04222008		Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0438667		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D ROZEK, THOMAS 3100 SW 62ND AVE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE	D KINI, M. NARENDRA, MD 3100 SW 62 Avenue MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD BRENNAN, BARRY 3100 SW 52ND AVE MIAMI, FL 33155 <input checked="" type="checkbox"/> Delete	TITLE	SD ALFARO, PEDRO 3100 SW 62 Avenue MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Pedro A. Alfaro</i>		Date: <i>4/22/08</i> Daytime Phone #: <i>305-669-6425</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	