

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004557

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** CHILDREN'S HEALTH SERVICES, INC.

**Current Principal Place of Business:**

3100 SW 62 AVE  
MIAMI, FL 33155 US

**New Principal Place of Business:**

**Current Mailing Address:**

3100 SW 62 AVE  
MIAMI, FL 33155 US

**New Mailing Address:**

**FEI Number:** 65-0438667      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: KINI, NARENDRA M MD  
Address: 3100 SW 62 AVE  
City-St-Zip: MIAMI, FL 33155

Title: SD  
Name: ALFARO, PEDRO  
Address: 3100 SW 62 AVE  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO A. ALFARO

CFO

03/03/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date