

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000001585

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

**Current Principal Place of Business:**

2881 EAST OAKLAND PARK BLVD.  
406  
FORT LAUDERDALE, FL 33306

**Current Mailing Address:**

2881 EAST OAKLAND PARK BLVD.  
406  
FORT LAUDERDALE, FL 33306

**FEI Number:** 65-0997170

**Certificate of Status Desired:** No

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

RUCCI, RAPHAEL C  
6347 - 2 BAY CLUB DR  
FORT LAUDERDALE, FL 33308 US

*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

**Officer/Director Detail :**

Title DPST  
Name RUCCI, RAPHAEL C  
Address 6347-2 BAY CLUB DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33308

Title D  
Name SCOTT, JOSEPH F  
Address 50 COLUMBUS DR, APT 3613  
City-State-Zip: JERSEY CITY NJ 07302

Title D  
Name TIBBETTS, JOHN RDDS, MS  
Address 5330 MAIN STREET, #230  
City-State-Zip: WILLIAMSVILLE NY 14221

Title D  
Name CORATOLO, MICHAEL V  
Address 18 N. CENTRAL AVE  
City-State-Zip: HARTSDALE NY 10530

Title D  
Name WEINBERGER, GARY MD  
Address 6269-1 BAY CLUB DR.  
City-State-Zip: FORT LAUDERDALE FL 33308

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:** RAPHAEL C. RUCCI

DPST

02/28/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date