

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000008783

Entity Name: CHILDREN'S HEALTH VENTURES, INC.

Current Principal Place of Business:

3100 SW 62 AVENUE
MIAMI, FL 33155

Current Mailing Address:

3100 SW 62 AVENUE
MIAMI, FL 33155 US

FEI Number: 45-4541147

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANDREWS-SINGH, APRIL
3100 SW 62 AVENUE
MIAMI, FL 33155 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 PRESIDENT, CEO, DIRECTOR
Name KINI, NARENDRA MD
Address 3100 SW 62 AVENUE
City-State-Zip: MIAMI FL 33155

Title SECRETARY & GENERAL COUNSEL
Name ANDREWS-SINGH, APRIL
Address 3100 SW 62 AVENUE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name ARAGON, JOSE
Address 3100 SW 62 AVENUE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name FUX, MICHAEL
Address 3100 SW 62 AVENUE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name MASSIRMAN, JAY
Address 3100 SW 62 AVENUE
City-State-Zip: MIAMI FL 33155

Title TREASUER, CFO
Name BIRKENSTOCK, TIMOTHY
Address 3100 SW 62 AVENUE
City-State-Zip: MIAMI FL 33155

Title ASST. SECRETARY
Name CORTON, MILLIE
Address 3100 SW 62 AVENUE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name MAS, JUAN CARLOS
Address 3100 SW 62 AVENUE
City-State-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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: APRIL ANDREWS-SINGH

SECRETARY & GENERAL COUNSEL 04/27/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date