CORF ANNU	NPROFIT PORATION AL REPORT 1996	Sandra B Secretar	TMENT OF STATE Mortham y of State CORPORATIONS			
DOCUN 1. Corporation	MENT # 766582	2 (1)				
CHILDF	rens' medical mission,	INC.				
Principal Place	of Business	Mailing Address		I IOOIII IBBID UIII BIIDI UIIII IBIID		
1351 N GADS TALLAHASSEI	SDEN ST E FL 32303-2668	1351 N GADSDEN ST TALLAHASSEE FL 32303	3-2668			
				3. Date Incorporated or Qualified 01/17/1983	3a. Date of Last Report 05/26/1995	
2. Principal Pla	ice of Business	2a. Mailing Address 26		4. FEI Number 59-2339956	Applied For Not Applica	_
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	unna 1.5 ý - 1.84	5. Certificate of Status Desired	\$8.75 Additiona Fee Required	
City & State		City & State	<u></u>	6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Zip 29	Country 30	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,] Yes 🕅 No	
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Re	agistered Agent	
	'INE LANE ASSEE FL 32308		83			1
TALLAH/	ASSEE FL 32308	da. Such change was authorize	84 City	pration submits this statement for the purp and of directors. I hereby accept the appo	FL 85 Zip Code pose of changing its registered a intment as registered agent. I a	ffice n
TALLAH/ 11. Pursuant to or registere familiar witi SIGNATURE	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori h, and accept the obligations of, Sect Signature, typed or pright name of registered agent	da. Such change was authorized ion 617.0503, Florida Statutes.	84 City s, the above-named corpo d by the corporation's boa E: Registered Agent signature require	and or directors. I hereby accept the appo	PL pose of changing its registered o intment as registered agent. I au DATE	
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