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Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90037 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001436

1. Corporation Name

CHILD FAMILY HEALTH INTERNATIONAL (INC)

Principal Place of Business

2149 LYON ST.

#5

SAN FRANCISCO CA 94115

Mailing Address

2149 LYON ST.

#5

SAN FRANCISCO CA 94115



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/15/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	94-3145385
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EMERSON, DORIS
914 EAST RIDGE VILLAGE DR.
MIAMI FL 33157

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, EVALEEN M.D.	1.2 NAME	
STREET ADDRESS	2149 LYON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94115	1.4 CITY-ST-ZIP	
TITLE	CFOT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRAD, JAMES	2.2 NAME	
STREET ADDRESS	2149 LYON ST #5	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94415	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ANDERSON, CECILIA A	3.2 NAME	
STREET ADDRESS	1451 BEACH PARK BLVD., #122	3.3 STREET ADDRESS	
CITY-ST-ZIP	FOSTER CITY CA 94404	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIS, JOSEPH M.D.	4.2 NAME	
STREET ADDRESS	133 EDWARDS ST., #A	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. HELENA CA 94574	4.4 CITY-ST-ZIP	
TITLE	RS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, JENNIFER	5.2 NAME	
STREET ADDRESS	892 33RD AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94121	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEBARON, SAMUEL	6.2 NAME	
STREET ADDRESS	2149 LYON ST., #5	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94115	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #