

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001436

1. Entity Name

CHILD FAMILY HEALTH INTERNATIONAL (INC)



FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90081 023 ****61.25

0016271

Principal Place of Business

Mailing Address

2149 LYON ST.
 #5
 SAN FRANCISCO CA 94115

2149 LYON ST.
 #5
 SAN FRANCISCO CA 94115

2. Principal Place of Business

3. Mailing Address

2149 Lyon St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State
 San Francisco, CA

City & State
 CA

Zip

Zip

Country

Country

94115

USA

4. FEI Number 94-3145385

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete

DPC
 JONES, EVALEEN M.D.
 2149 LYON ST.
 SAN FRANCISCO CA 94115

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

CFOT
 CONRAD, JAMES
 2149 LYON ST #5
 SAN FRANCISCO CA 94415

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
 HABIS, JOSEPH M.D.
 133 EDWARDS ST., #A
 ST. HELENA CA 94574

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

RS
 VAUGHN, JENNIFER
 892 33RD AVENUE
 SAN FRANCISCO CA 94121

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

D
 LEBARON, SAMUEL
 2149 LYON ST., #5
 SAN FRANCISCO CA 94115

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sep 10, 2001 415-863-4900

CR2E037 (5/01)