

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001436

1. Entity Name

CHILD FAMILY HEALTH INTERNATIONAL (INC)

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

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 DPC  
NAME JONES, EVALEEN M.D. ☐ Delete  
STREET ADDRESS 2149 LYON ST.  
CITY-ST-ZIP SAN FRANCISCO CA 94115

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CFOT  
NAME CONRAD, JAMES ☐ Delete  
STREET ADDRESS 2149 LYON ST #5  
CITY-ST-ZIP SAN FRANCISCO CA 94415

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME HABIS, JOSEPH M.D. ☐ Delete  
STREET ADDRESS 133 EDWARDS ST., #A  
CITY-ST-ZIP ST. HELENA CA 94574

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE RS  
NAME VAUGHN, JENNIFER ☐ Delete  
STREET ADDRESS 892 33RD AVENUE  
CITY-ST-ZIP SAN FRANCISCO CA 94121

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME LEBARON, SAMUEL ☐ Delete  
STREET ADDRESS 2149 LYON ST., #5  
CITY-ST-ZIP SAN FRANCISCO CA 94115

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Evaileen Jones*

Date

Daytime Phone #

FILED  
Apr 15, 2002 8:00 am  
Secretary of State

04-15-2002 90028 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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