

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001436

FILED
Aug 17, 2004
Secretary of State**Entity Name:** CHILD FAMILY HEALTH INTERNATIONAL (INC)**Current Principal Place of Business:**953 MISSION STREET
#220
SAN FRANCISCO, CA 94103**New Principal Place of Business:****Current Mailing Address:**953 MISSION STREET
#220
SAN FRANCISCO, CA 94103**New Mailing Address:****FEI Number:** 94-3145385 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**EMERSON, DORIS
914 EAST RIDGE VILLAGE DR.
MIAMI, FL 33157 US**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:**Title:** DPC () Delete
Name: JONES, EVALEEN M.D.
Address: 953 MISSION STREET #220
City-St-Zip: SAN FRANCISCO, CA 94103**Title:** CFOT () Delete
Name: UNSSELL, LISA
Address: 953 MISSION STREET
City-St-Zip: SAN FRANCISCO, CA 94103**Title:** D () Delete
Name: HABIS, JOSEPH M.D.
Address: 133 EDWARDS ST., #A
City-St-Zip: ST. HELENA, CA 94574**Title:** RS () Delete
Name: SOMOZA, JOHN
Address: 84 LANDERS STREET, B
City-St-Zip: SAN FRANCISCO, CA 94114**Title:** D () Delete
Name: MORRISON, KATHLEEN M.D.
Address: 953 MISSION STREET
City-St-Zip: SAN FRANCISCO, CA 94103**Title:** D () Delete
Name: FORT, RAY
Address: 953 MISSION STREET
City-St-Zip: SAN FRANCISCO, CA 94103**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVALEEN JONES

DR.

08/17/2004

Electronic Signature of Signing Officer or Director

Date