

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90012 035 ****70.00

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1. Entity Name

CHILD FAMILY HEALTH INTERNATIONAL (INC)



Principal Place of Business

Mailing Address

995 MARKET STREET
SUITE 1104
SAN FRANCISCO CA 94103

995 MARKET STREET
SUITE 1104
SAN FRANCISCO CA 94103



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JONES, EVALEEN M.D.
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO CA 94103

TITLE D ☐ Change ☒ Addition
NAME MARCIA HATCH (ex officio)
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO, CA 94103

TITLE T ☐ Delete
NAME STINSON, MARK M.D.
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO CA 94103

TITLE D ☐ Change ☒ Addition
NAME ELLEN LEVY
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO, CA 94103

TITLE S ☐ Delete
NAME PRICE, LAURIE M.P.H.
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO CA 94103

TITLE D ☐ Change ☒ Addition
NAME STEVEN E. SCHMIDBAUER (ex officio)
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO, CA 94103

TITLE V ☐ Delete
NAME SOMOZA, JOHN
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO CA 94103

TITLE D ☐ Change ☒ Addition
NAME GUNJAN SINHA
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO, CA 94103

TITLE D ☐ Delete
NAME PICKUS, JOSHUA
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO CA 94103

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

TITLE C ☐ Delete
NAME AJJOY, MALLIK
STREET ADDRESS 995 MARKET STREET, #1104
CITY-ST-ZIP SAN FRANCISCO CA 94103

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 exemptions contained in Section 119, 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:

Steve Schallbauer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/07 415 957-9000

Date

Daytime Phone #