2001 UNIFORM BUSINESS REPORT (UBA) FILED DOCUMENT # N00000000326 May 14, 2001 8:00 am 1. Entity Name **Secretary of State** .Children's Home Society Services of Miami Dade Florida, Incorporated 05-14-2001 90218 003 ***148.75 Principal Place of Business Mailing Address 800 NW 15th Street Same Miami, Florida 33136 10065720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0978991 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent David J. Mattice Sara B. Herald 800 NW 15th Street Street Address (P.O. Box Number is Not Acceptable) 3027 San Diego Road, P.O. Box 10097 Maami, Florida 33136 Zip Code 32247 Jacksonville 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: Make Check Payable to Department of State: \$5.00 May Be П Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Change TITLE Delete TITLE James E. Patrick Sara B. Herald NAME NAMÉ 800 NW 15th Street STREET ADDRESS STREET ADDRESS Miami, Fl CITY-ST-ZIP CITY-ST-ZIP 33136 XXAddition ☐ Change X Delete TITLE NAME NAME Margaret Carroll David J. Mattice 3027 San Diego Road, P.O. 10097 STREET ADDRESS STREET ADDRESS 32247 CITY-ST-7IP Jacksonville, Fl CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Thange David A. Bundy NAME NAME 800 NW 15th Street STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Miami, FL 32136 Joan Hughes XX Change Addition TITLE ☐ Delete TITLE 800 NW 15th Street NAME NAME STREET ADDRESS Miami, Florida 33136 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition · Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

904-348-2840

changed, or on an attachment with an address, with all other like empowered.

GNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: