

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90063 049 ****61.25

DOCUMENT # N00000004779 1. Entity Name CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.					
Principal Place of Business 1401 S. FEDERAL HWY FORT LAUDERDALE, FL 33316			Mailing Address 1401 S. FEDERAL HWY FT LAUDERDALE, FL 33316		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1026739	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEIDMAN, LAURA 303 SE 17 ST FORT LAUDERDALE, FL 33316				7. Name and Address of New Registered Agent 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					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	C MILLSAPS, AUDREY 2665 NORTHEAST 37TH DRIVE FORT LAUDERDALE, FL 33308	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GILCHRIST, DEBORAH 350 E. LAS OLAS Blvd, Ste 1800 FORT LAUDERDALE, FL 33301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GILCHRIST, DEBORAH 350 EAST LAS OLAS BOULEVARD STE 1800 FORT LAUDERDALE, FL 33301	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MCCARTNEY, SHARI 110 SE 6th Street, 15th Floor FORT LAUDERDALE, FL 33301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMBROSE, JUDY 4720 NE 25 AVE. FORT LAUDERDALE, FL 33308	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, RUTH 340 Sunset Drive, #1411 FORT LAUDERDALE, FL 33301	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO NASK, FRANK 303 SE 17 STREET FORT LAUDERDALE, FL 33316	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:			Stewart Weckler 1/8/08 954-728-1020		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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