# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 05, 2003 8:00 am**
**Secretary of State**
03-05-2003 90092 047 ****61.25

DOCUMENT # N00000004779

1. Entity Name
CHILDREN'S DIAGNOSTIC & TREATMENT CENTER, INC.

70025104

| Principal Place of Business | Mailing Address |
|---|---|
| 303 SE 17TH ST<br>FT LAUDERDALE FL 33316 | 303 SE 17TH ST<br>FT LAUDERDALE FL 33316 |

☐ CHECK HERE IF MAKING CHANGES

| 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 65-1026739 ☐ 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 |
|---|---|
| SCHERER, WILLIAM R JR<br>633 S FEDERAL HWY, 8TH FLOOR<br>FT LAUDERDALE FL 33301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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**

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 | PD<br>TROWER, WIL<br>2500 N.E. 7TH PLACE<br>FT. LAUDERDALE FL 33306 | ☒ Delete | PD<br>Henry H. Fox<br>350 E. Las Olas Blvd Suite 1000<br>Ft. Lauderdale, Fl 33301 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BURTON, ROBERT A<br>8051 S. ARAGON BLVD., #1<br>SUNRISE FL 33322 | ☒ Delete | VPD<br>Audrey Millsaps<br>2665 NE 37 Drive<br>Ft. Lauderdale, Fl 33308 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MAHANEY, PATRICIA L<br>1724 S.W. 7TH STREET<br>FT. LAUDERDALE FL 33316 | ☒ Delete | SD<br>Virginia Miller<br>614 S. Federal Hwy<br>Ft. Lauderdale, Fl 33301 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WIDMAYER, SUSAN M PH.D<br>1001 N.W. 93 TERRACE<br>PLANTATION FL 33322 | ☒ Delete | D<br>Robert Burton<br>8051 S. Aragon Blvd. #1<br>Sunrise, Fl 33322 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/02)

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:** [illegible] REGISTERED A. BURTON 2/19/03 (954)468-4004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR