

FILE NOW: FILING FEE IS \$61.25

APPROVED
AND
FILED

1996 APR 15 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004557 (5)

1. Corporation Name

CHILDREN'S HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

3100 SW 62 AVE
MIAMI FL 33155
US

3100 SW 62 AVE
MIAMI FL 33155
US

3. Date Incorporated or Qualified
09/29/1993

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number
65-0438667

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION COMPANY OF MIAMI
201 S BISCAYNE BLVD
STE 1600
MIAMI FL 33131

81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET
83
84 City TALLAHASSEE FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gail Sheelby, as agent

Gail Sheelby

Signature typed or printed name of registered agent and, if applicable,

NOTE: Registered Agent Signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME SCHACK, STUART
STREET ADDRESS 3100 SW 62ND AVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DWORE, DONALD
STREET ADDRESS 1555 PALM BEACH LAKE BLVD.
CITY-ST-ZIP WEST PALM BCH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME LAWLESS, THOMAS
STREET ADDRESS 3465 NW 2ND AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME KAUFFMAN, LOUIS
STREET ADDRESS 3100 SW 62ND AVE
CITY-ST-ZIP MIAMI FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME ANSDACH NATHAN
4.3 STREET ADDRESS 3100 SW 62ND AVE
4.4 CITY-ST-ZIP MIAMI FL 33155

TITLE S ☐ DELETE
NAME DARRELL, JUDITH
STREET ADDRESS 3100 SW 62ND AVE
CITY-ST-ZIP MIAMI FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME ALFARO, PEDRO A
STREET ADDRESS 3100 SW 62ND AVE
CITY-ST-ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

4/11/96 (305) 666-6511 x 2556
Date Daytime Phone #

CR2E037 (12/95)