NOT-FOR-PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90542 001 ***280.00

DOCUMENT # N93000004557

1. Entity Name

CHILDREN'S HEALTH SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3100 SW 62nd AVENUE	3100 SW 62nd AVENUE
Suite, Apt. #, etc.: Fiscal Services	Suite, Apt. #, etc.: Fiscal Services
City & State: MIAMI, FL 33155-3009	City & State: MIAMI, FL 33155-3009
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0438667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE, FL FL Zip Code: 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROZEK, THOMAS
STREET ADDRESS	3100 SW 62nd AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	BRENNAN, BARRY
STREET ADDRESS	3100SW 62nd AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	CARROLL, DAVID
STREET ADDRESS	3100 SW 62nd AVENUE
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
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CR2E037B (12/01)

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

SIGNATURE: _____ DAVID W. CARROLL 4/23/2002 (305) 666-6511 ext 3253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #