

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90240 013 ****70.00

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

DOCUMENT # N93000004557		
1. Entity Name CHILDREN'S HEALTH SERVICES, INC.		
Principal Place of Business 3100 SW 62 AVE MIAMI, FL 33155 US		Mailing Address 3100 SW 62 AVE MIAMI, FL 33155 US
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 65-0438667		Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		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 establishing) DATE _____		
FILE NOW! FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROZEK, THOMAS 3100 SW 62ND AVE MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BRENNAN, BARRY 3100 SW 62ND AVE MIAMI, FL 33155 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD CARROLL, DAVID 3100 SW 62ND AVE MIAMI, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: <u>David Carroll</u> DAVID CARROLL 4/21/03 (305) 666-6511 EXT 3253		