

FILE NOW: FILING FEE IS \$61.25

2000 UNIFORM

NONPROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90176 001 ***420.00

DOCUMENT # N96000002269

1. Corporation Name

CHILDREN'S HEALTH KARE OF SOUTH FLORIDA, INC.

10000

Principal Place of Business

3100 SW 62ND AVENUE
MIAMI FL 33155-3009

Mailing Address

3100 SW 62ND AVENUE
MIAMI FL 33155-3009

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/23/1996

21

26

4. FEI Number

65-0678574

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	ANSPACH, NATHAN		1.2 NAME	DUFFY, Barbara	
STREET ADDRESS	3100 SW 62ND AVE		1.3 STREET ADDRESS	3100 SW 62ND Avenue	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	DARRELL, JUDITH		2.2 NAME	Jacques, Denise	
STREET ADDRESS	3100 SW 62ND AVENUE		2.3 STREET ADDRESS	3100 SW 62ND Avenue	
CITY-ST-ZIP	MIAMI FL 33155-3009		2.4 CITY-ST-ZIP	Miami, FL 33155	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARROLL, DAVID		3.2 NAME		
STREET ADDRESS	3100 S W 62ND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155-3009		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID CARROLL

4/17/2000 (305) 666-6511 ext 2556