## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

1. Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000011182 (8)

CHILDREN'S HEALTHCARE, INC.

Principal	Place	of	Business

## **FILED** May 01 1997 8:00am Secretary of State



Principal Place	A OL DUSILIOS2	IVI	aning Address								
9876 GRIFFIN FT. LAUDERDA			76 Griffin Road . Lauderdale fl 3332	8-3713							
							3. Date Incorporated or Qualified 02/01/1996	3a. Da	te of L	ast Report	
2. Principal P	lace of Business	2a.	Mailing Address				4. FE! Number			Applied For	
21		26		····			65-0665108			Not Applicable	
Suite, Apt.	#, etc.	27]	Suite, Apt. #, etc.				5. Certificate of Status Desired			.75 Additional ee Required	
City & State	1te		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	29	Zip	Count	Country  8. This corporation has liability for i				intangible tax under s. 199,032,		
	9. Name and Address of Current		tered Agent				10. Name and Address of New Re	gistered /	Agent		
	IUELS, EUGENE P			8	1	Name					
	8 GRIFFIN ROAD LAUDERDALE FL 33328			8	2	Street Addr	ess (P.O. Box Number is Not Accepta	ole)			
_				8	3						
*				8	4	City		FL	85	Zip Code	
agent. I a SIGNATURE	m familiar with, and accept the obliga	lions o	I, Section 607.0505, Fi	orida Statut	tes	,	poration submits this statement for the join's board of directors. I horeby acce		chang oiritme	ing its registered nt as registered	
<del></del>	Signature, typed or printed name of registered agen				/ger	nt signalure requir	od when reinstating)	DATE	DIDE	27000	
12.	OFFICERS AND	DIHE	DELETE	13.			ADDITIONS/CHANGES TO OFFICE	JERS AND	Chi		
NAME				1.2 NAM			andall H. Gross.		L.J Oili	ange (13 Houries)	
STREET ADDRESS				1			676 Griffin Road				
CITY-ST-ZIP				1.4 CHY			I. I and a chale	87.7	うスア	328	
TITLE			DELETE	2.1 101.0	_		recutive vice Presid	1.1	Chi	ange (13 Addition	
NAME				2.2 NAM	F	برحم	f Secretary	ew (			
STREET ADDRESS				2.3 STRE	ET.	ADDRESS	Ngene P. Samuels				
CITY-ST-ZIP				2 4 CITY	Y - S	ST - ZIP	8676 Griffin 100				
TITLE			□ DELETE	311111		1	Pt-Lauderdale, P	しろふふ	LLI Cha	ange [_] Addition	
NAME				3.2 NAM				777	4	i	
STREET ADDRESS				1		ADDRESS				1	
CITY-ST-ZIP TITLE		··-·	DELETE	3.4 CITY 4.1 TITLE		ST - ZIP			Chi	ange Addition	
NAME			_ Meen	4. 2 NAN						mage [1] Addition	
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				4.4 CITY					Λ.		
TITLE			DEFLIE	5.1 TrTL					也入	Addition	
NAME				5.2 NAM	1E				1	· (/\'	
STREET ADDRESS				5.3 S1K8	£1.	ADDRESS				3	
CITY-ST-ZIP			·	5.4 CITY	'-S1	T-ZIP		2 <u>877</u> 1. 0	<u></u>		
TITLE			DETETE	617111	ŧ		<del></del>	22	世	ange Addition	
NAME .	44			62 NAM	IE.		***165.00	ددUI.	JO		
STREET ADDRESS				6351RE	E T .	ADDRESS	***100.UU				
CITY-ST-ZIP				6.4 DITY							
14. I do here!	by certify that the information supplied	with th	nis filing does not quali	ty for the e	xer	mption stated	in Section 119 07(3)(i), Florida Statute	s. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 12 or Block 12 or on an attachment with an address.