FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S90326 (7)

1. Corporation Name
CHILDREN'S HOSPITAL SERVICES, INC.

Principal Place of Business	Mailing Address
300 N.W. 70TH AVENUE SUITE 100 PLANTATION FL 33317 US	300 N.W. 70TH AVENUE SUITE 100 PLANTATION FL 33317 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1991
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 65-0295698 ☐ 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. 199.002, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, JAMES B.
2601 E OAKLAND PARK BLVD.
SUITE 601
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	WILLIAMS, JOHN R.	1.2 NAME	CHARLES FRANKS, M.D.	
STREET ADDRESS	300 NW 70TH AVE. #100 DELETE	1.3 STREET ADDRESS	300 NW 70 AVE, SUITE 100	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33317	
TITLE	D	2.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	CHANDLER, BARRY D.	2.2 NAME	LESTER F. McINTYRE, M.D.	
STREET ADDRESS	300 NW 70TH AVE. #100	2.3 STREET ADDRESS	300 NW 70 AVE, SUITE 100	
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33317	
TITLE	D	3.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	AUERBACH, M. RICHARD	3.2 NAME	MITCHEL E. JEAN, M.D.	
STREET ADDRESS	300 NW 70TH AVE. #100	3.3 STREET ADDRESS	300 NW 70 AVE, SUITE 100	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33317	
TITLE	D	4.1 TITLE	V.P. FINANCE & DEVELOPMENT	☐ Change ☒ Addition
NAME	SCHULMAN, JOSEPH	4.2 NAME	RONALD G. HUNEYCUTT	
STREET ADDRESS	300 NW 70TH AVE. #100	4.3 STREET ADDRESS	300 NW 70 AVE, SUITE 100	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	PLANTATION, FLORIDA 33317	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAJWER, LUIZ A.	5.2 NAME		
STREET ADDRESS	300 NW 70TH AVE. #100	5.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	FALTERMAN, CASEY G.	6.2 NAME		
STREET ADDRESS	300 NW 70TH AVE. #100	6.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL	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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓ M. Richard Auerbach M.D. 4/24/95 (305)584-6994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0027500 CP