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1998 APR 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **S90326** **(7)**

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

Principal Place of Business	Mailing Address
4651 SHERIDAN STREET SUITE 400 FORT LAUDERDALE FL 33021 US	4651 SHERIDAN STREET SUITE 400 FORT LAUDERDALE FL 33021 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/28/1991

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTUS, JAY A
4651 SHERIDAN STREET
SUITE 400
FORT LAUDERDALE FL 33021

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's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	EISENBURG, MITCHELL		1.2 NAME	EISENBERG, MITCHELL	
STREET ADDRESS	4651 SHERIDAN STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33021		1.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GOLL, LEWIS		2.2 NAME	GOLD, LEWIS	
STREET ADDRESS	4651 SHERIDAN STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33021		2.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GATES, DENNIS		3.2 NAME	500002455165--4	
STREET ADDRESS	4651 SHERIDAN STREET		3.3 STREET ADDRESS	-04/21/98--01047--015	
CITY-ST-ZIP	FORT LAUDERDALE FL 33021		3.4 CITY-ST-ZIP	***1200.00 ****150.00	
TITLE	VPS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTUS, JAY A		4.2 NAME		
STREET ADDRESS	4651 SHERIDAN STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33021		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AUERBACH, A. RICHARD		5.2 NAME		
STREET ADDRESS	4651 SHERIDAN STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33021		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CHANDLER, BARRY		6.2 NAME		
STREET ADDRESS	4651 SHERIDAN STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33021		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet, with an address.

SIGNATURE: [illegible] CHILDREN'S HOSPITAL SERVICES, INC. 4/14/98 954-988-2324