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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE.

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S90326 1. Corporation Name

CHILDREN'S HOSPITAL SERVICES, INC.

Principal Place of Business Mailing Address						
4651 SHERIDAN	I STREET	4651 SHERIDAN STREET				
SUITE 400		SUITE 400				
FORT LAUDERDALE FL 33021		FORT LAUDERDALE FL 33021		DO NOT WRITE IN THIS	DO NOT WRITE IN THIS SPACE	
US		U\$		3. Date Incorporated or Qualifed		
					10/28/1991	ļ
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21		26			65-0295698	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					1	\$8.75 Additional
22		27		5. Certificate of Status Desired [.]	Fee Required	
City & State City & State					6. Election Campaign Financing	and the second of the second of
28					Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip			Country			
•−n ` r∵n ´ hn		t i	n i rin i		8. This corporation owes the current year In	langrule XuYes [JNo
24	[25]	[29]	1		Personal Property Tax	- A №
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	Agent
MAD	TUS, JAY A		61	Name		
		82 Street Address (P.O. B		Address (P.O. Box Number is Not Acceptable)	Box Number is Not Acceptable)	
	SHERIDAN STREET					
SUIT		83		· ·		
FOR	T LAUDERDALE FL 33021		ļ., Ì	۸.		121 252
			84	City	FI	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above	l. ⊎named c	corporation submits this stalement for the nurpose of	changing its registered
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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered.						
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes						
SIGNATURE						i
40	Signature: typed or printed name of registered agent	orani e e e e a di ili a e e e e e e e e e e e e e e e e e e		1 Sejrur de re	squeed when their stations DATE	UD DUDGOTODO IN 48
12.	PD OFFICERS AND	D DIRECTORS [] DELETE	13.	1	ADDITIONS/CHANGES TO OFFICERS A	and the same of th
TITLÉ	· · · · · · · · · · · · · · · · · · ·	L.) DELETE	1.1 THLE	İ	ور الوال المستورد من راستوال التراسيان المتارات المتارات	[Change [] Addition
NAME	EISENBERG, MITCHELL		12 NAME	,	500002841	4252
STREET ADDRESS	FORT LAUDERDALE FL 33021		13 STREET ADDRESS 14 OITY-ST ZIP		-84/16/990	01008012
CITY-ST-ZIP					***4358 . 06	****150.00
TITLE	EVPD [] DELETE 211		2.1 THEF	[[] Change [] Addition
NAME	GOLD, LEWIS		2.2 NAME	Ì		
STREET ADDRESS	4651 SHERIDAN STREET		23 STREET	ADDRESS		[
CITY-ST-ZIP	FORT LAUDERDALE FL 33021		2.4 CiTY-S			
TITLE	VPD	X DEF€ LE	31TH:F	1.21	1.10	[Change Addition
	GATES, DENNIS	y Control			010/0	r Loug do Vivoquou
NAME			3.2 NAME		MICHAEL SCHUNDLER.	,
STREE1 ADDRESS	4651 SHERIDAN STREET	L	33 SIREET		4651 SHERZOAN STREET, S	OUTTE UKY
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	m to the second of the second	3.4 CITY-S	1 - 2 16'	Hayceno 72 3301	
TITLE	VP\$	[] DELETE	4 1 THILE	j	•	[Change [Addition
NAME	MARTUS, JAY A		4 2 NAME			
STREET ADDRESS	4651 SHERIDAN STREET		43STREE!	ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	ſ	44 C/1Y S1	r- ZIP!		
TITLE	VP	[DELETE	5 1 TITLE			[]Change []Addition
NAME	AUERBACH, A. RICHARD	•	5.2 NAME	[
STREET ADDRESS	4651 SHERIDAN STREET		53STREET	ADDRESS		
	FORT LAUDERDALE FL 33021		54 City-S1	1		1
CITY-ST-ZIP TITLE	VP	[] DELETE	61 TILE	***	•	CIANA FIRMAN
	· · · · · · · · · · · · · · · · · · ·	LIDECETE	6.2 NAME			
NAME	CHANDLER, BARRY	i i		4 F. F. C		
STREET ADDRESS	4651 SHERIDAN STREET	J	63ST×611			
CITY-ST-ZIP FORT LAUDERDALE FL 33021			6.4 CITY: \$1	1		· · · · · · · · · · · · · · · · · · ·
14. Lhereby n	ertify that the information supplied with	n this filing does not qualify for the	exemple 4	on stated.	in Section 119 07(3)(i) Florida Statutes, I further ce	rtify that the information

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 didicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered are 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, with all other like empowered.

April 13, 1999

(954)986-7770

GNATURE:

| Signature or Reinher with the information in the infor

(954)986-7770