

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2000 08:00 AM****Secretary of State****DOCUMENT # S90326**

1. Entity Name

CHILDREN'S HOSPITAL SERVICES, INC.

Principal Place of Business

4651 SHERIDAN STREET
SUITE 400
FORT LAUDERDALE
33021

FL

US

Mailing Address

4651 SHERIDAN STREET
SUITE 400
FORT LAUDERDALE
33021

US

FL

2. Principal Place of Business

4651 SHERIDAN STREET

3. Mailing Address

4651 SHERIDAN STREET

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

HOLLYWOOD

FL

City & State

HOLLYWOOD

FL

Zip
33021Country
USZip
33021Country
US

4. FEI Number

65-0295698

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARTUS JAY A
4651 SHERIDAN STREET
SUITE 400
FORT LAUDERDALE
33021

FL

US

7. Name and Address of New Registered Agent

Name

MARTUS JAY A

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

4651 SHERIDAN STREET

SUITE 400

City
HOLLYWOOD

FL

Zip Code
33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	CHANDLER BARRY	
STREET ADDRESS	4651 SHERIDAN STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	
TITLE	VP	<input type="checkbox"/> Delete
NAME	AUERBACH A. RICHARD	
STREET ADDRESS	4651 SHERIDAN STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARTUS JAY A	
STREET ADDRESS	4651 SHERIDAN STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	
TITLE	COOD	<input type="checkbox"/> Delete
NAME	SCHUNDLER MICHAEL	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	
TITLE	EVPD	<input type="checkbox"/> Delete
NAME	GOLD LEWIS	
STREET ADDRESS	4651 SHERIDAN STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	
TITLE	PD	<input type="checkbox"/> Delete
NAME	EISENBERG MITCHELL	
STREET ADDRESS	4651 SHERIDAN STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33021	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER BARRY	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTUS JAY A	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWARD ROBERT	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	EVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD LEWIS	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG MITCHELL	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY A. MARTUS, Vice Pres. & Secy.

VP/S 04/27/2000