

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 23, 2001 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  
HOLLYWOOD  
33021

FL

US

## Mailing Address

4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD  
33021

FL

US

2. Principal Place of Business  
1613 NORTH HARRISON PARKWAY3. Mailing Address  
1613 NORTH HARRISON PARKWAYSuite, Apt. #, etc.  
SUITE 200Suite, Apt. #, etc.  
SUITE 200City & State  
SUNRISE

FL

City & State  
SUNRISE

FL

Zip  
33323Country  
USZip  
33323Country  
US4. 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  
HOLLYWOOD  
33021

FL

US

## 7. Name and Address of New Registered Agent

Name

MARTUS JAY A

Street Address (P.O. Box Number is Not Acceptable)  
1613 NORTH HARRISON PARKWAY

SUITE 200

City  
SUNRISE

FL

Zip Code  
33323

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 \_\_\_\_\_ 02/23/2001

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWARD ROBERT	
STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	EVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD LEWIS	
STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG MITCHELL	
STREET ADDRESS	1613 NORTH HARRISON PARKWAY, SUITE 200	
CITY-ST-ZIP	SUNRISE FL 33323	

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

VP

02/23/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)