

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600880

Entity Name: CHILDREN'S MEDICAL ASSOCIATION, P.A.**Current Principal Place of Business:**8430 W BROWARD BLVD
SUITE 300
PLANTATION, FL 33324**Current Mailing Address:**8430 W BROWARD BLVD
SUITE 300
PLANTATION, FL 33324 US**FEI Number:** 59-1234984**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BETANCOURT, OSCAR
8430 WEST BROWARD BLVD
SUITE 300
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	LOUIS, ALAN
Address	12219 NW 49 STREET
City-State-Zip:	CORAL SPRINGS FL 33076

Title	VD
Name	STAVITSKY, MARK
Address	6232 NW 120 DR
City-State-Zip:	CORAL SPRINGS FL 33076

Title	TD
Name	VALDES, YOLANDA
Address	1227 GINGER CIR
City-State-Zip:	WESTON FL 33326

Title	D
Name	DEULOFEUT, HAROLD
Address	20185 EAST COUNTRY CLUB DRIVE
City-State-Zip:	AVENTURA FL 33180

Title	D
Name	PENSON, MATTHEW
Address	8005 NW 110 DR
City-State-Zip:	PARKLAND FL 33076

Title	P
Name	LEON, MARCO AM.D.
Address	4127 BOSTON COURT
City-State-Zip:	WESTON FL 33331

Title	OFFICER
Name	SIROTA, LISA
Address	8430 W BROWARD BLVD SUITE 300
City-State-Zip:	PLANTATION FL 33324

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARCO LEON**PRESIDENT****04/23/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date