2024 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:

LEON, MARCO 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: MARCO LEON 02/20/2024

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title D Title VD

NameLOUIS, ALANNameSTAVITSKY, MARKAddress12219 NW 49 STREETAddress6232 NW 120 DR

City-State-Zip: CORAL SPRINGS FL 33076 City-State-Zip: CORAL SPRINGS FL 33076

Title TD Title D

Name VALDES, YOLANDA Name DEULOFEUT, HAROLD

Address 1227 GINGER CIR Address 20185 EAST COUNTRY CLUB DRIVE

City-State-Zip: WESTON FL 33326 City-State-Zip: AVENTURA FL 33180

Title D Title F

NamePENSON, MATTHEWNameLEON, MARCO AM.D.Address8005 NW 110 DRAddress4127 BOSTON COURTCity-State-Zip:PARKLAND FL 33076City-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: HAROLD DEULOFEUT

MANAGING PARTNER/DIRECTOR 02/20/2024

FILED Feb 20, 2024

Secretary of State

0052041231CC