

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90159 022 ***150.00

DOCUMENT # 600880

1. Entity Name
CHILDREN'S MEDICAL ASSOCIATION, P.A.



Principal Place of Business

8430 W BROWARD BLVD
SUITE 300
PLANTATION, FL 33324 US

Mailing Address

8430 W BROWARD BLVD
SUITE 300
PLANTATION, FL 33324 US

40077762



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number

59-1234984

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

BETANCOURT, OSCAR
201 N. UNIVERSITY DRIVE
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BETANCOURT, OSCAR	
STREET ADDRESS	1201 S.W. 87TH TERR.	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LITVAK, BARIS	
STREET ADDRESS	873 W. TROPICAL WAY	
CITY-ST-ZIP	PLANTATION, FL 00000,	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SPUNT, GERALD	
STREET ADDRESS	12080 EAGLE TRACE BLVD N	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PEARSON, LAURENCE D	
STREET ADDRESS	11356 NW 3RD PLACE	
CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIROTA, LISA J MD	
STREET ADDRESS	1776 NW 124TH WY	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEON, MARCO A M.D.	
STREET ADDRESS	4127 BOSTON COURT	
CITY-ST-ZIP	WESTON, FL 33331	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stavitsky, mark	
STREET ADDRESS	6232 NW 120 Drive	
CITY-ST-ZIP	Coral Springs FL 33076	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rudnicki, Kerith	
STREET ADDRESS	1320 Ginger Circle	
CITY-ST-ZIP	Weston Florida 33326	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valdes, Yolanda	
STREET ADDRESS	1227 Ginger Circle	
CITY-ST-ZIP	Weston Florida 33326	
TITLE	president	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/06

9544731101