

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600880

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

8430 W BROWARD BLVD
SUITE 300
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

8430 W BROWARD BLVD
SUITE 300
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 59-1234984 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BETANCOURT, OSCAR
8430 WEST BROWARD BLVD
SUITE 300
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BETANCOURT, OSCAR
Address: 1201 S.W. 87TH TERR.
City-St-Zip: PLANTATION, FL

Title: VD () Delete
Name: STAVITSKY, MARK
Address: 6232 NW 120 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: TD () Delete
Name: VALDES, YOLANDA
Address: 1227 GINGER CIR
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: PEARSON, LAURENCE D
Address: 11356 NW 3RD PLACE
City-St-Zip: CORAL SPRINGS, FL

Title: D () Delete
Name: SIROTA, LISA J MD
Address: 1776 NW 124TH WY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: P () Delete
Name: LEON, MARCO A M.D.
Address: 4127 BOSTON COURT
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LOUIS, ALAN
Address: 12219 NW 49 STREET
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEULOFEUT, HAROLD
Address: 20185 EAST COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARCO LEON MD

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

Date