2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600880

FILED Apr 23, 2009 Secretary of State

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

| | incipal Place | of Business: | New Prince | ipal Place of Business: |
|---|--|---|--|--|
| 130 W BR | ROWARD BLVI |) | | |
| JITE 300 | | | | |
| _ANTATIC | ON, FL 33324 | US | | |
| ırrent Ma | ailing Addres: | s: | New Maili | ng Address: |
| 30 W BR | ROWARD BLVI |) | | |
| JITE 300 | | | | |
| _ANTATIC | ON, FL 33324 | US | | |
| I Number: | 59-1234984 | FEI Number Applied For () | FEI Number Not App | icable () Certificate of Status Desired () |
| ame and | Address of C | urrent Registered Agent: | Name and | Address of New Registered Agent: |
| | URT, OSCAR | | | |
| 130 WES ⁻ JITE 300 | T BROWARD I | BLVD | | |
| | ON, FL 33324 | US | | |
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| | named entity s of Florida. | ubmits this statement for th | ne purpose of changing i | ts registered office or registered agent, or bot |
| GNATUR | RE: | | | |
| | Electroni | ic Signature of Registered | Agent | Date |
| -4: 0 | | | · | |
| ction Carr | npaign Financing | Trust Fund Contribution (). | | |
| FFICERS | S AND DIRECT | rors: | ADDITION | IS/CHANGES TO OFFICERS AND DIRECT |
| le: | D () | Delete | Title: | D (X) Change () Addition |
| me: | BETANCOURT, | | Name: | LOUIS, ALAN |
| dress: | 1201 S.W. 87TH | ITCOO | | |
| | | | Address: | 12219 NW 49 STREET |
| y-St-∠ip: | PLANTATION, F | | Address: City-St-Zip: | 12219 NW 49 STREET |
| • , | PLANTATION, F | | | 12219 NW 49 STREET |
| e: | PLANTATION, F | L Delete | City-St-Zip: | 12219 NW 49 STREET CORAL SPRINGS, FL 33076 |
| e: ne: | PLANTATION, F | L Delete RK | City-St-Zip: Title: | 12219 NW 49 STREET CORAL SPRINGS, FL 33076 |
| e: me: dress: | PLANTATION, F VD () STAVITSKY, MA | L Delete RK R | City-St-Zip: Title: Name: | 12219 NW 49 STREET CORAL SPRINGS, FL 33076 |
| e: me: dress: y-St-Zip: | PLANTATION, F VD () STAVITSKY, MA 6232 NW 120 D CORAL SPRING | L Delete RK R SS, FL 33076 | City-St-Zip: Title: Name: Address: City-St-Zip: | 12219 NW 49 STREET CORAL SPRINGS, FL 33076 () Change () Addition |
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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