

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600880

FILED
Apr 19, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date