

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90033 004 \*\*\*150.00

**DOCUMENT # 601272**

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



Principal Place of Business  
1051 N. 35TH AVENUE  
HOLLYWOOD, FL 33021

Mailing Address  
1051 N. 35TH AVENUE  
HOLLYWOOD, FL 33021

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042008 Chg-P CR2E034 (12/06)

4. FEI Number  
59-1268843

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRISON, THEODORE  
1051 N 35TH AVE  
HOLLYWOOD, FL 33021

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME MORRISON, THEODORE  
STREET ADDRESS 1051 N. 35TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL ☐ Delete

TITLE ☐ Change ☒ Addition  
NAME Nancy Chiang  
STREET ADDRESS 1051 N 35TH AVE  
CITY-ST-ZIP Hollywood FL 33021

TITLE VS  
NAME BUDOWSKY, KENNETH  
STREET ADDRESS 1051 N. 35TH AVE  
CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP  
NAME CYRLAK, RACHEL MD  
STREET ADDRESS 1051 N 35 AVE  
CITY-ST-ZIP HOLLYWOOD, FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME SAMUELS, MITCHELL DO  
STREET ADDRESS 1051 N 35 AVE  
CITY-ST-ZIP HOLLYWOOD, FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME MAGNUS, JACINTA C MD  
STREET ADDRESS 1051 N 35 AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AT  
NAME GONZALEZ, ENRIQUE  
STREET ADDRESS 1051 N 35 AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL ☐ Delete

TITLE ☐ Change ☐ 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:

*Theodore Morrison*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-08  
Date

954.989.6000  
Daytime Phone #