

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601272

FILED  
Feb 23, 2012  
Secretary of State

**Entity Name:** CHILDREN'S MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

4651 SHERIDAN ST, STE 270  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

4651 SHERIDAN ST, STE 270  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 59-1268843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORRISON, THEODORE  
4651 SHERIDAN ST, SUITE 270  
HOLLYWOOD, FL 33021 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: P  
Name: MORRISON, THEODORE  
Address: 4651 SHERIDAN ST., SUITE 270  
City-St-Zip: HOLLYWOOD, FL

Title: VS  
Name: BUDOWSKY, KENNETH  
Address: 4651 SHERIDAN ST SUITE 270  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP  
Name: CYRLAK, RACHEL MD  
Address: 4651 SHERIDAN STREET, SUITE 270  
City-St-Zip: HOLLYWOOD, FL 33021

Title: S  
Name: SAMUELS, MITCHELL DO  
Address: 4651 SHERIDAN STREET, SUITE 270  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: MAGNUS, JACINTA C MD  
Address: 4651 SHERIDAN STREET, SUITE 270  
City-St-Zip: HOLLYWOOD, FL 33021

Title: AT  
Name: GONZALEZ, ENRIQUE  
Address: 4651 SHERIDAN STREET, SUITE 270  
City-St-Zip: HOLLYWOOD, FL 33021

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: THEODORE MORRISON, MD PRESIDENT

P

02/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date