

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 604483

1. Entity Name
INFANTS AND CHILDREN, P.A.



Principal Place of Business
**5205 VILLAGE BLVD.
WEST PALM BEACH, FL**

Mailing Address
**5205 VILLAGE BLVD.
WEST PALM BEACH, FL**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1448429

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTS, EARL
5205 VILLAGE BLVD
WEST PALM BEACH, FL 33407**

**DO NOT WRITE
IN THIS SPACE**

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

S. J. Roberts, M.D.

1-5-05

Signature, type 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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HANLON, ADA
STREET ADDRESS 5205 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE TD
NAME ROBERTS, EARL
STREET ADDRESS 5205 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE VP
NAME ROMEAR, RONALD MD
STREET ADDRESS 5205 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE VP
NAME BEATTIE, JAMES H
STREET ADDRESS 5205 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000210412
02/05/05-80048-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. J. Roberts, M.D.

Date

Daytime Phone #

2-2-05

561-242-0001