

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604483

FILED  
Apr 08, 2011  
Secretary of State

Entity Name: INFANTS AND CHILDREN, P.A.

**Current Principal Place of Business:**

5205 VILLAGE BLVD.  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5205 VILLAGE BLVD.  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 59-1448429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, EARL  
5205 VILLAGE BLVD  
WEST PALM BEACH, FL 33407 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: PD  
Name: ROMEAR, RONALD MD A  
Address: 5205 VILLAGE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TD  
Name: ROBERTS, EARL MD  
Address: 5205 VILLAGE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: HANLON, ADA MD  
Address: 5205 VILLAGE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP  
Name: BEATTIE, JAMES MD H  
Address: 5205 VILLAGE BLVD  
City-St-Zip: WEST PALM BEACH, FL 33407

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: RONALD A. ROMEAR, M.D.

PD

04/08/2011

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

\_\_\_\_\_  
Date