

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746600

FILED  
Jan 06, 2010  
Secretary of State

**Entity Name:** PARENT-CHILD CENTER, INC.

**Current Principal Place of Business:**

2001 W. BLUE HERON BLVD  
RIVIERA BEACH, FL 33404

**New Principal Place of Business:**

**Current Mailing Address:**

2001 W. BLUE HERON  
C/O RENEE SOLIS, SUITE 303  
RIVIERA BEACH, FL 33404

**New Mailing Address:**

**FEI Number:** 59-1964034      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MCNAMARA, PATRICK  
2001 W. BLUE HERON BLVD  
SUITE 304  
RIVIERA BEACH, FL 33404 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:** PCEO  
**Name:** MCNAMARA, PATRICK  
**Address:** 2001 W BLUE HERON BLVD, #304  
**City-St-Zip:** RIVIERA BEACH, FL 33404

**Title:** CFO  
**Name:** DEMETRIADES, GREGORY  
**Address:** 2001 W BLUE HERON BLVD., 3RD FLOOR  
**City-St-Zip:** RIVIERA BEACH, FL 33404

**Title:** C  
**Name:** FINLEY, WILLIAM E  
**Address:** 3 BEACHWAY NORTH  
**City-St-Zip:** OCEAN RIDGE, FL 33435

**Title:** D  
**Name:** PIERCE, WALTER  
**Address:** 4005 HEATH CRICLE N  
**City-St-Zip:** WEST PALM BEACH, FL 33407

**Title:** ST  
**Name:** MACLOSKEY, LOUIS  
**Address:** 3 RIVER CHASE TERRACE  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**Title:** MGR  
**Name:** BREMEKAMP, PATRICIA  
**Address:** 2001 W BLUE HERON BLVD., 3RD FLOOR  
**City-St-Zip:** RIVIERA BEACH, FL 33404

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK MCNAMARA

PCEO

01/06/2010

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

\_\_\_\_\_  
Date