

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90185 039 \*\*\*\*70.00

**DOCUMENT # 746600**

1. Entity Name

**PARENT-CHILD CENTER, INC.**



Principal Place of Business

**4802 EDSEL AVE  
WEST PALM BEACH FL 33407**

Mailing Address

**4016 BROADWAY  
WEST PALM BEACH FL 33407**

**90028561**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1964034**

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

**CORBETT, JOHN  
4016 BROADWAY  
WEST PALM BEACH FL 33407**

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 \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Delete  
NAME **MILDRED, GEORGE**  
STREET ADDRESS **86 MACFARLANE DR 23**  
CITY-ST-ZIP **DELRAY BEACH FL 33483**

TITLE **D** ☐ Delete  
NAME **BOYCE, MICHELLE G**  
STREET ADDRESS **5013 SESAME ST**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **CD** ☐ Delete  
NAME **PIERCE, WALTER JR. PHD**  
STREET ADDRESS **9123 N. MILITARY TRAIL, SUITE 103**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **D** ☐ Delete  
NAME **LECLAIR, CHARLES R**  
STREET ADDRESS **1367 SCOTTSDALE RD E**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE **VS** ☐ Delete  
NAME **MACLOSKEY, LOUIS**  
STREET ADDRESS **3 RIVER CHASE TERRACE**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Delete  
NAME **VELLALOBOS, ALEJANDRO MD**  
STREET ADDRESS **11211 PROSPERITY FARMS RD SUITE 110C**  
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D.** ☐ Change ☒ Addition  
NAME **WILLIAM E. FINLEY**  
STREET ADDRESS **3 BEACHWAY NORTH**  
CITY-ST-ZIP **OCEAN RIDGE, FL 33435**

TITLE **PRESIDENT + CEO** ☐ Change ☒ Addition  
NAME **JOHN CORBETT**  
STREET ADDRESS **4016 BROADWAY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **EXECUTIVE VICE PRESIDENT / COO** ☐ Change ☒ Addition  
NAME **DAVID MAY**  
STREET ADDRESS **4016 BROADWAY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

TITLE **LECLAIR, CHARLES R.** ☒ Change ☐ Addition

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition  
NAME **Joy FRIEDLANDER**  
STREET ADDRESS **4016 BROADWAY**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33407**

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

CR2E037 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 powers.

SIGNATURE:

**SIGNATURE**  
**JOY FRIEDLANDER**

**2/13/03**

**561-841-3500**