

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95321

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: CHILDREN'S HEALTHCARE ASSOCIATES, P.A.

**Current Principal Place of Business:**

927 45TH ST  
STE 205  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

927 45TH ST  
STE 205  
WEST PALM BEACH, FL 33407 US

**New Mailing Address:**

FEI Number: 59-2845624

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEIN, STUART B., ESQ.  
1551 FORUM PLACE  
SUITE 400B  
WEST PALM BEACH, FL 33401 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: JONES, JANIS  
Address: 5700 HIGHFLYER RD. S.  
City-St-Zip: PALM BCH GARDENS, FL 33418 US

Title: V ( ) Delete  
Name: LAMBRECHT, JAMIE  
Address: 3067 MAINSAIL CIRCLE  
City-St-Zip: JUPITER, FL 33477 US

Title: S ( ) Delete  
Name: STIEBEL CHIN, GRETA  
Address: 8170 MAN O WAR RD.  
City-St-Zip: PALM BEACH, FL 33418

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JANIS JONES, MD

PT

04/20/2005

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

\_\_\_\_\_  
Date