

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95321

FILED
Apr 16, 2009
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

Current Mailing Address:

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

New Principal Place of Business:

5205 GREENWOOD AVENUE
STE 251
WEST PALM BEACH, FL 33407 US

New Mailing Address:

5205 GREENWOOD AVENUE
STE 251
WEST PALM BEACH, FL 33407 US

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.
2801 PGA BOULEVARD
SUITE 110
PALM BEACH GARDENS, FL 33410 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: 143 ROTUNDA DRIVE
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 exemption stated in Chapter 119, 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 A. JONES, M.D.

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date