

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95321

FILED
Feb 18, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

5205 GREENWOOD AVENUE
STE 251
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.
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
Name: JONES, JANIS
Address: 5700 HIGHFLYER RD. S.
City-St-Zip: PALM BCH GARDENS, FL 33418 US

Title: V
Name: LAMBRECHT, JAMIE
Address: 143 ROTUNDA DRIVE
City-St-Zip: JUPITER, FL 33477 US

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

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: JANIS JONES, MD

PRES

02/18/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date