

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009270

FILED  
Jun 29, 2009  
Secretary of State

Entity Name: PARSONS PROFESSIONAL PARK ASSOCIATION, INC.

## Current Principal Place of Business:

ALL CHILDREN'S SPECIALLY CARE OF  
885 SOUTH PARSONS AVE  
BRANDON, FL 33634

## New Principal Place of Business:

ALL CHILDREN'S SPECIALLY CARE OF  
885 SOUTH PARSONS AVE  
BRANDON, FL 33634

## Current Mailing Address:

ALL CHILDREN'S SPECIALLY CARE OF  
885 SOUTH PARSONS AVE  
BRANDON, FL 33634

## New Mailing Address:

ALL CHILDREN'S SPECIALLY CARE OF  
885 SOUTH PARSONS AVE  
BRANDON, FL 33634

FEI Number: 20-1122302      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

STROUSE, TIM  
885 SOUTH PARSONS AVE  
TAMPA, FL 33634      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: P      ( ) Delete  
Name: STROUSE, TIM  
Address: 885 SOUTH PARSONS AVE  
City-St-Zip: BRANDON, FL 33634

Title: VP      ( ) Delete  
Name: ARMAS, M.D., INGACIA  
Address: 116 PARSONS PARK DRIVE  
City-St-Zip: BRANDON, FL 33511

Title: ST      ( ) Delete  
Name: WELLS-FRIEDMAN, MARGIE  
Address: 1110 NORTH FLORIDA AVE  
City-St-Zip: TAMPA, FL 33601

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P      (X) Change ( ) Addition  
Name: ARMAS, MD, IGNACIO  
Address: 885 SOUTH PARSONS AVE  
City-St-Zip: BRANDON, FL 33634

Title: VP      (X) Change ( ) Addition  
Name: STROUSE, TIM  
Address: 885 SOUTH PARSONS AVE  
City-St-Zip: BRANDON, FL 33634

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

SIGNATURE: IGNACIO ARMAS, MD

PRES

06/29/2009

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

\_\_\_\_\_  
Date