2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 10, 2008
Secretary of State

DOCUMENT# P05000165241

Entity Name: CHILDREN'S CRITICAL CARE ASSOCIATES, P.A.

Current Principal Place of Business:

1814 SOUTH LUCERNE TERRACE
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

587 LAKE HOWELL ROAD
MAITLAND, FL 32751

New Mailing Address:

1814 SOUTH LUCERNE TERRACE
ORLANDO, FL 32801

FEI Number: 20-3981566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NISI LAW FIRM, P.A.
587 LAKE HOWELL ROAD
MAITLAND, FL 32751 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: FRANK P NISI JR

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FARRELL, MARY M MD
Address: 727 KIWI CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete
Name: SPACK, LAWRENCE MD
Address: 8000 LOCKRIDGE COURT
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: TILELLI, JOHN A MD
Address: 2228 PALM VIEW DRIVE
City-St-Zip: APOPKA, FL 32712

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: JOHN A. TILELLI, MD D 11/10/2008

Electronic Signature of Signing Officer or Director Date