2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165241

Name:

Address:

City-St-Zip:

TILELLI, JOHN A MD

APOPKA, FL 32712

2228 PALM VIEW DRIVE

FILED May 01, 2009 Secretary of State

Entity Name: CHILDREN'S CRITICAL CARE ASSOCIATES, P.A.						
Current Principal Place of Business:				New Principal Place of Business:		
1814 SOUTH LUCERNE TERRACE ORLANDO, FL 32801						
Current Mailing Address:				New Mailing Address:		
	14 SOUTH LUCERNE TERRACE RLANDO, FL 32801			1033 DR. MLK JR STREET NORTH SUITE 108 ST. PETERSBURG, FL 33701		
FEI Number:	20-3981566	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
NISI LAW FIRM, P.A. 587 LAKE HOWELL ROAD MAITLAND, FL 32751 US				SPACK, LARRY PRESDNT 1033 DR. MLK JR. STREET NORTH SUITE 108 ST. PETERSBURG, FL 33701 US		
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: LARRY SPACK				05/01/2009		
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () FARRELL, MAR 727 KIWI CIRCI WINTER PARK,	LE .		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SPACK, LAWRE 8000 LOCKRID ORLANDO, FL	GE COURT		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	D ()	Delete		Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LARRY SPACK **PRES** 05/01/2009