

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000165241

FILED  
Apr 20, 2010  
Secretary of State

**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:**

1033 DR. MLK JR STREET NORTH  
SUITE 108  
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 20-3981566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPACK, LARRY PRESNT  
1033 DR. MLK JR. STREET NORTH  
SUITE 108  
ST. PETERSBURG, FL 33701 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:** D  
**Name:** FARRELL, MARY M MD  
**Address:** 727 KIWI CIRCLE  
**City-St-Zip:** WINTER PARK, FL 32789

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

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

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:** MARY FARRELL

D

04/20/2010

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

\_\_\_\_\_  
Date