

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000124529

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** PEDIATRIC HOSPITAL SERVICES OF SOUTHWEST FLORIDA, P.A.

**Current Principal Place of Business:**

1117 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1117 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 20-5632488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREISSMAN, ALLAN  
157 DOCKSIDE CIRCLE  
WESTON, FL 33327 US

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

GREISSMAN, ALLAN  
347 N NEW RIVER DR E  
APT 2602  
FT LAUDERDALE, FL 33301 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

01/14/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GREISSMAN, ALLAN  
Address: 1117 E HALLANDALE BEACH BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: S  
Name: LAVANDOSKY, GERALD  
Address: 3501 JOHNSON ST  
City-St-Zip: HOLLYWOOD, FL 33021

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: ALLAN GREISSMAN

PRES

01/14/2012

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

\_\_\_\_\_  
Date