2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# P06000129622

Entity Name: CHILDREN'S MEDICAL CENTER OF ORMOND BEACH, P.A.

Current Principal Place of Business:

200 BOOTH ROAD, SUITE A
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

200 BOOTH ROAD, SUITE A
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-5698997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, JAMES R ESQUIRE
322 SILVER BEACH AVENUE
DAYTONA BEACH, FL 32118 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: D
Name: AHMED, SALMAN MD
Address: 200 BOOTH ROAD, SUITE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR
Name: PAUL, DEBORAH
Address: 200 BOOTH ROAD, SUITE A
City-St-Zip: ORMOND BEACH, FL 32174

Title: CFO
Name: STAFFORD, TRACY
Address: 200 BOOTH ROAD, SUITE A
City-St-Zip: ORMOND BEACH, FL 32174

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: TRACY STAFFORD CFO 04/23/2012

Electronic Signature of Signing Officer or Director Date