

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059372

FILED
Apr 13, 2011
Secretary of State

Entity Name: MEDICAL CENTER FOR CHILDREN, P.A.

Current Principal Place of Business:

6427 LAKE WORTH ROAD
A
GREENACRES, FL 33463

New Principal Place of Business:

4971 LE CHALET BOULEVARD
300
BOYNTON BEACH, FL 33436

Current Mailing Address:

6388 SQUIREWOOD WAY
LAKE WORTH, FL 33467

New Mailing Address:

4971 LE CHALET BOULEVARD
300
BOYNTON BEACH, FL 33436

FEI Number: 80-0202689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ST LOUIS-MOISE, CARLINE A M.D.
6388 SQUIREWOOD WAY
LAKE WORTH, FL 33467 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: P
Name: ST LOUIS-MOISE, CARLINE A M.D.
Address: 6388 SQUIREWOOD WAY
City-St-Zip: LAKE WORTH, FL 33467

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: CARLINE A. ST LOUIS-MOISE

P

04/13/2011

Electronic Signature of Signing Officer or Director

Date