

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000059372

FILED
May 03, 2012
Secretary of State

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

Current Principal Place of Business:

4971 LE CHALET BOULEVARD
300
BOYNTON BEACH, FL 33436

New Principal Place of Business:

Current Mailing Address:

4971 LE CHALET BOULEVARD
300
BOYNTON BEACH, FL 33436

New Mailing Address:

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 ST LOUIS MOISE

P

05/03/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date