

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000049659 (4)

1. Corporation Name

CHILDREN'S CARE WEST, P.A.



Principal Place of Business

**440 SAWGRASS CORPORATE PARKWAY
SUITE 106
SUNRISE FL 33325**

Mailing Address

**440 SAWGRASS CORPORATE PARKWAY
SUITE 106
SUNRISE FL 33325**

3. Date Incorporated or Qualified
07/15/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0426592

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**KAPLAN, HAROLD E ESQUIRE
C/O BECKEN & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81 Name
Mitchell D. Adler
82 Street Address (P.O. Box Number is Not Acceptable)
c/o Mombach, Boyle & Hardin P.A.
83 **500 East Broward Blvd.**
84 City
Ft. Lauderdale FL
85 Zip Code
33394

11. Pursuant to the provisions of Sections 607.002 and 607.125, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.005, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

Signature typed or printed name of registered agent, if applicable

DATE

5/13/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☒ DELETE
0	HILTZ-PARRA, DEBORAH	14435 SW 16TH STREET	DAVE FL	
0	MONTE-FERNANDEZ, ROSA	1053 POPLAR CR	FT. LAUDERDALE FL	☐ DELETE
0	PEREDES, GILL	10251 SW 20TH STREET	DAVE FL	☐ DELETE
				☐ DELETE
				☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	☐ Change ☐ Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐ Change ☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐ Change ☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐ Change ☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐ Change ☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐ Change ☐ Addition

**100001840891
-05/28/96--01035--015
***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

4/26/96 (954) 846-8520

DATE

Daytime Phone

CR2E034 (12/95)