## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000049659

DAVIE, FL

City-St-Zip:

Entity Name: CHILDREN'S CARE WEST, P.A.

FILED Apr 29, 2005 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
440 SAWGRASS CORPORATE PARKWAY SUITE 106				
SUNRISE,	FL 33325			
Current Mailing Address:			New Mailing Address:	
SUITE 106	3	ORATE PARKWAY		
SUNRISE,	FL 33325			
FEI Number	: 65-0426592	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
C/O ABRA 2021 TYLE HOLLYW( The above	OOD, FL 33022	2 US	purpose of changing its registered	d office or registered agent, or both,
SIGNATUI				
	Electron	ic Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	O () MONTE-FERNA 1053 POPLAR FT. LAUDERDA	CR	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address:	O () PAREDES, GIL 10251 SW 20TI		Title: Name: Address:	( ) Change ( ) Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROSA MONTE-FERNANDEZ O

04/29/2005