

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092952

FILED
Apr 06, 2009
Secretary of State

Entity Name: CHILDREN'S SPECIALISTS OF FLORIDA, P.A.

Current Principal Place of Business:

7970 SUMMERLIN LAKES DRIVE
SUITE 200
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

7970 SUMMERLIN LAKES DRIVE
SUITE 200
FORT MYERS, FL 33907 US

New Mailing Address:

7970 SUMMERLIN LAKES DRIVE
SUITE 200
FORT MYERS, FL 33907

FEI Number: 65-0873807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEA, OSCAR A M.D.
15216 BAHIA CT
FORT MYERS, FL 33908 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: REED, CARL M M.D.
Address: 11991 ROSEMONT DRIVE
City-St-Zip: FORT MYERS, FL 33913

Title: PD () Delete
Name: ALEA, OSCAR A M.D.
Address: 15216 BAHIA CT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CARL M. REED, M.D.

STD

04/06/2009

Electronic Signature of Signing Officer or Director

Date