## Entity Name: CHILDREN'S HEALTHCARE ASSOCIATES, P.A.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### **Current Principal Place of Business:**

5205 GREENWOOD AVENUE STE 251 WEST PALM BEACH, FL 33407

DOCUMENT# J95321

#### **Current Mailing Address:**

5205 GREENWOOD AVENUE STE 251 WEST PALM BEACH, FL 33407 US

#### FEI Number: 59-2845624

#### Name and Address of Current Registered Agent:

KLEIN, STUART B., ESQ. 7108 FAIRWAY DRIVE SUITE 125 PALM BEACH GARDENS, FL 33418 US

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

Officer/Director Detail :			
Title	PT	Title	V
Name	JONES, JANIS	Name	LAMBRECHT, JAMIE
Address	5700 HIGHFLYER RD. S.	Address	143 ROTUNDA DRIVE
City-State-Zip:	PALM BCH GARDENS FL 33418	City-State-Zip:	JUPITER FL 33477
Title	S		
Name	STIEBEL CHIN, GRETA		
Address	8170 MAN O WAR RD.		
City-State-Zip:	PALM BEACH FL 33418		

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: JANIS A. JONES, M.D.

PRESIDENT

04/23/2015 Date

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date