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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 703633 (8)

1. Corporation Name
FLORIDA PEDIATRIC SOCIETY

Principal Place of Business	Mailing Address
1623-C MEDICAL DRIVE TALLAHASSEE FL 32308	1623-C MEDICAL DRIVE TALLAHASSEE FL 32308-4689

3. Date Incorporated or Qualified: 02/23/1962
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21: 1132 Lee Avenue
22: Suite, Apt. #, etc.
23: City & State: Tallahassee FL
24: Zip: 32303
25: Country: Leon

2a. Mailing Address
26: 1132 Lee Avenue
27: Suite, Apt. #, etc.
28: City & State: Tallahassee FL
29: Zip: 32303
30: Country: Leon

4. FEI Number: 59-1103936 ☐ 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

PETERY, LOUIS B JR.,MD
1623-C MEDICAL DRIVE
TALLAHASSEE FL 32808

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1132 Lee Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32303

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CURRAN, JOHN S 17 DAVIS BLVD. STE. 200 TAMPA FL 33606	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition Office of the Dean MDC 49, 12901 Bruce B. Downs Blvd. Tampa FL 33601 33612
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, EDWARD T 3500 E. FLETCHER AVE. STE. 133 TAMPA FL 33613	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIGNEREY, THOMAS G 5190BAYOU BLVD. SUITE 7 PENSACOLA FL 32504	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZISSMAN, EDWARD N 475 OSCULA ST. ALTAMONTE SPRINGS FL 32701	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition 475 Osceola St. Altamonte Springs FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ST PETERY, LOUIS B 1623 MEDICAL DR. STE. C TALLAHASSEE FL 32308	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition 1132 Lee Avenue Tallahassee FL 32303
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] LOUIS B JR. PETERY JR. 1/18/97 904/224-3939