

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90426 008 ****61.25

DOCUMENT # 703633

1. Entity Name

FLORIDA PEDIATRIC SOCIETY



Principal Place of Business

**1132 LEE AVE
TALLAHASSEE FL 32303
US**

Mailing Address

**1132 LEE AVE
TALLAHASSEE FL 32303
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1103936**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETERY, LOUIS B JR., MD
1132 LEE AVE
TALLAHASSEE FL 32303**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **BUCCIARELLI, RICHARD L**
STREET ADDRESS **UF PEDIATRIC, P.O. BOX 100296, N/A**
CITY-ST-ZIP **GAINESVILLE FL 32610**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **UF Pediatrics, P O Box 100014**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PATRICIA, BLANCA MD**
STREET ADDRESS **2401 UNV PKY STE 202**
CITY-ST-ZIP **BASCOM FL 32423**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **8451 Shade Ave Ste. 207**
CITY-ST-ZIP **SARASOTA**

TITLE **D** ☐ Delete
NAME **MULLIGAN-SMITH, DEBORAH**
STREET ADDRESS **5613 N LEITNER DR**
CITY-ST-ZIP **POMPANO BEACH FL 33067**

TITLE **PED** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Coral Springs**

TITLE **D** ☐ Delete
NAME **ZISSMAN, EDWARD N**
STREET ADDRESS **475 OSCEOLA ST**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ST PETERY, LOUIS B**
STREET ADDRESS **1132 LEE AVENUE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MARCUS, DAVID**
STREET ADDRESS **8411 W OAKLAND PARK DR, #301**
CITY-ST-ZIP **SUNRISE FL 33351**

TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS **4269 NW 88th Ave.**
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis B. St. Petery, Jr., MD 1-10-03

850 224-3939

CR2E037 (10/02)