

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90309 026 ****61.25

DOCUMENT # N99000007021

1. Entity Name

FLORIDA PEDIATRIC FOUNDATION, INC.

Principal Place of Business

**1132 LEE AVE.
TALLAHASSEE FL 32303**

Mailing Address

**1132 LEE AVE.
TALLAHASSEE FL 32303**

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 **59-3618457**

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

**ST. PETERY, LOUIS B 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.

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
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **ZISSMAN, EDWARD N MD**
STREET ADDRESS **475 OSCEOLA STREET SUITE 1100**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **VPD** ☐ Delete
NAME **BUCCIARELLI, RICHARD L MD**
STREET ADDRESS **UNIVERSITY OF FLORIDA/BOX 100296**
CITY-ST-ZIP **GAINESVILLE FL 32610**

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

TITLE **SD** ☐ Delete
NAME **MULLIGAN-SMITH, DEBORAH MD**
STREET ADDRESS **BGPED/1625 SE 3RD AVE, 5TH FLOOR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

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

TITLE **TD** ☐ Delete
NAME **MARCUS, DAVID MD**
STREET ADDRESS **8411 W OAKLAND PARK BLVD, STE 301**
CITY-ST-ZIP **SUNRISE FL 33351**

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, EDWARD T**
STREET ADDRESS **12909 NORTH DALE MABRY HWY**
CITY-ST-ZIP **TAMPA FL 33618**

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis B. St. Petery, Jr., MD

2-1-01 850 224-3939

Date

Daytime Phone #

CR2E037 (10/00)