2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90119 027 ****61.25

DOCUMENT # N99000007021

1. Entity Name

FLORIDA PEDIATRIC FOUNDATION, INC.

Principal Place of Business	Mailing Address
1132 LEE AVE. TALLAHASSEE FL 32303	1132 LEE AVE. TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZISSMAN, EDWARD N MD 475 OSCEOLA STREET SUITE 1100 ALTAMONTE SPRINGS FL 32701	☐ Delete	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BUCCIARELLI, RICHARD L MD UNIVERSITY OF FLORIDA/BOX 100296 GAINESVILLE FL 32610	☐ Delete	PD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MULLIGAN-SMITH, DEBORAH MD BGPED/1625 SE 3RD AVE, 5TH FLOOR FORT LAUDERDALE FL 33316	☐ Delete	~~SD~~ PE D 5613 W. Leitner Dr. Coral Springs FL 33067	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MARCUS, DAVID MD 8411 W OAKLAND PARK BLVD, STE 301 SUNRISE FL 33351	☐ Delete	~~2nd VP D~~ 1ST VP D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, EDWARD T 12909 NORTH DALE MABRY HWY TAMPA FL 33618	☑ Delete	2nd VPD Patricia Blanco, MD 2401 University Pkw. Suite 202 Sarasota, FL 32423	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPD ST PETERY, LOUIS B MD 1132 LEE AVENUE TALLAHASSEE FL 32303	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: ST[illegible] REQUIRED 1/16/02 850/224-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #