

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703633

FILED  
Apr 04, 2008  
Secretary of State

Entity Name: FLORIDA PEDIATRIC SOCIETY

## Current Principal Place of Business:

2810-C INDUSTRIAL PLAZA DR.  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 13978  
TALLAHASSEE, FL 32317 US

## New Mailing Address:

FEI Number: 59-1103936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CABRERA, SUSAN  
2810C INDUSTRIAL PLAZA DRIVE  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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

Date

## OFFICERS AND DIRECTORS:

Title: IPP ( ) Delete  
Name: BUCCIARELLI, RICHARD L  
Address: 229 TIGERT HALL, BOX 113157  
City-St-Zip: GAINESVILLE, FL 32611

Title: 1VP ( ) Delete  
Name: DEL TORO, JORGE MD  
Address: 1600 S. ANDREWS AVE.  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: PRES ( ) Delete  
Name: MULLIGAN, DEBORAH  
Address: 5613 N LEITNER DR  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: ED ( ) Delete  
Name: CABRERA, SUSAN  
Address: 2810-C INDUSTRIAL PLAZA DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP ( ) Delete  
Name: ST PETERY, LOUIS B  
Address: 1132 LEE AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PE ( ) Delete  
Name: MARCUS, DAVID  
Address: 4269 NW 88TH AVE.  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ISAAC, JEROME MD  
Address: 1880 ARLINGTON ST. STE. 208  
City-St-Zip: SARASOTA, FL 34239 US

Title: IPP (X) Change ( ) Addition  
Name: DONALDSON, JOHN MD  
Address: MEDICAL PLAZA ONE  
City-St-Zip: FT. MYERS, FL 33908

Title: 1VP (X) Change ( ) Addition  
Name: COSGROVE, LISA MD  
Address: PO BOX 541216  
City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 2VP (X) Change ( ) Addition  
Name: GAMBON, THRESIA MD  
Address: 6601 SW 62 AVE  
City-St-Zip: MIAMI, FL 33143 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN CABRERA

ED

04/04/2008

Electronic Signature of Signing Officer or Director

Date