

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703633

FILED
Feb 11, 2011
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:

1430 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

Current Mailing Address:

PO BOX 13978
TALLAHASSEE, FL 32317 US

New Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

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:

ST. PETERY, LOUIS B M.D.
1430 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

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: LOUIS B. ST. PETERY, M.D.

02/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: COSGROVE, LISA MD
Address: PO BOX 541216
City-St-Zip: MERRITT ISLAND, FL 32954 US

Title: IPP
Name: ISAAC, JEROME MD
Address: 1880 ARLINGTON ST., STE 208
City-St-Zip: SARASOTA, FL 34239

Title: PE
Name: RATHORE, MOBEEN MD
Address: 653-1 W. 8TH STREET, L-13
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: EVP
Name: ST. PETERY, LOUIS B M.D.
Address: 1132 LEE AVENUE
City-St-Zip: TALLAHASSEE, FL 32303

Title: SECT
Name: SCHECHTMAN, TOMMY M.D.
Address: 3401 PGA BLVD, SUITE 300
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: 1VP
Name: JIMENEZ, JOSE MD
Address: PO BOX 47957
City-St-Zip: TAMPA, FL 33646 US

I hereby 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 all other like empowered.

SIGNATURE: LOUIS B. ST. PETERY, M.D.

EVP

02/11/2011

Electronic Signature of Signing Officer or Director

Date