

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703633

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA PEDIATRIC SOCIETY

**Current Principal Place of Business:**

1430 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 10269  
TALLAHASSEE, FL 32302 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:**

ST. PETERY, LOUIS B M.D.  
1430 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 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:** 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:** TVP  
**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, MD

EVP

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date