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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

713052

(9)

GREATER MIAMI PEDIATRIC SOCIETY, INC.

FILED Feb 03 1997 8:00am Secretary of State

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Principal Place	e of Business	Mailing Addre	ess				1 102101 10001 11000 1111 03101 03101	1181 B1811 B18	** #1#11 #1#11 #	,,,,,
3717 CHASE AV		3717 CHASE A' MIAMI BEACH (ASE AVE. EACH FL 33140-3418							
where the file	· =		· · ·				3. Date Incorporated or Qualified 07/11/1967		ate of Last f 03/04/19	
2. Principal Place of Business 28. Mailing			lailing Address				4. FEI Number	Applied For		
21		26	26			EODORRADA P			lot Applicable	
Suite, Apt.	. #, etc	Suite, Apt.	. #, etc.				5. Certificate of Status Desired	×		Additional tequired
City & State	te	City & Star	te			·	6. Election Campaign Financing		\$5.00) May Be
23		28	т				Trust Fund Contribution			to Fees
Zip	Country	Zip	}	Cour	ntry		8. This corporation has liability for			в. 199.032,
24	25 9. Name and Address of Cui	rent Registered Agen		30			Florida Statutes L 10. Name and Address of New Re		No Acent	
	8. Halite Blid Addiess of Col	Hour Hogistered Agen	7L		81	Name	IV. (talle and Addies of New No.	Alater oc	- Saut	
DDECC	M.D. CHIDLEY			L						
	M.D. SHIRLEY HASE AVE.				82	Street Addr	ress (P.O. Box Number is Not Accepta	ble)		
	BEACH FL 33140				83					
				}	84	City			85 Zip	Code
						•		FL		
Pursuant office or r	to the provisions of Sections 617. registered agent, or both, in the Si	0502 and 617.1508, Fit tate of Florida. Such ch	orida Statute nange was a	is, the ab uthorized	-evoc tyd b	named corp the corporat	poration submits this statement for the tion's board of directors. I hereby acce	purpose of pt the app	f changing ointment a	lts registered s registered
agent I a	am familiar with, and accept the of	bligations of, Section 6	17.0503, Flo	rida Statı	utes.		•			_
SIGNATURE .										
	Signature, typed or printed name of registered	agent and title if applicable	(NOTE	: Registered	Agent	signature regula	red when reinslating)	DATE		
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable AND DIRECTORS	(NOTE	Registered	Agent	t signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
		AND DIRECTORS	(NOTE			t signature requir			DIRECTO Change	
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4. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NATURE AND TYPED OR PRINTED NAME OF SIGNING O

NAME OF SIGNING OFFICER OR DIRECTOR

1 8 97 30 5855280 Date Daytime Phone # 0029701