


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90091 004 ****61.25

DOCUMENT # 717485						
1. Entity Name THE FLORIDA ASSOCIATION OF PEDIATRIC SURGEONS, INC.						
Principal Place of Business C/O D A PLUMLEY, M.D. 83 W COLUMBIA ST ORLANDO, FL 32806 US			Mailing Address C/O D A PLUMLEY, M.D. 83 W COLUMBIA ST ORLANDO, FL 32806 US			
2. Principal Place of Business		3. Mailing Address		04082005 Chg-NP CR2E037 (10/03)		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 23-7377063		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip		Country		Zip		
Country		Zip		Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
PLUMLEY, DONALD A., M.D. 83 W COLUMBIA ST ORLANDO, FL 32806				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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE: <u>DA Plumley</u> DATE: <u>4-8-05</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME DRUCKER, DAVID STREET ADDRESS 1150 N 35TH AVE # 555 CITY-ST-ZIP HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete			TITLE PO NAME COUGHLIN, JOHN STREET ADDRESS 1150 N 35th AVE #555 CITY-ST-ZIP HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME COUGHLIN, JOHN STREET ADDRESS 12220 BRUCE B DOWNS ST CITY-ST-ZIP TAMPA, FL 33612	<input type="checkbox"/> Delete			TITLE VD NAME 1615 SPRINGETON #300 STREET ADDRESS ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME PLUMLEY, DONALD A STREET ADDRESS 83 W COLUMBIA ST CITY-ST-ZIP ORLANDO, FL 32806	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>DA Plumley</u> Date: <u>4/8/05</u> Daytime Phone #: <u>407 650 7280</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						