

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 717506 (0)**

1. Corporation Name  
**FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.**



Principal Place of Business <b>C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604</b>	Mailing Address <b>C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604-2161</b>
--	---

3. Date Incorporated or Qualified <b>11/05/1969</b>	3a. Date of Last Report <b>04/17/1996</b>
4. FEI Number <b>59-6587489</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. 25.	29. 30.

9. Name and Address of Current Registered Agent

**OLIVIA ANN GROVES  
9118 S.W. 122ND STREET  
GAINESVILLE 32608**

10. Name and Address of New Registered Agent

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *NA* (NOTE: Registered Agent signature required when reappointing) DATE:

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WEHLE, FREDERICK J JR</b>
STREET ADDRESS	<b>1420 LAKELAND HILLS BLVD</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>GROVES, OLIVIA ANN</b>
STREET ADDRESS	<b>9118 S.W. 122ND STREET</b>
CITY-ST-ZIP	<b>GAINESVILLE FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WALASZEK, SHEILA</b>
STREET ADDRESS	<b>5618 PGA BLVD., #1614</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUNNELL, WALTER III</b>
STREET ADDRESS	<b>1543 OX BOTTOM ROAD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KANTER, RONALD J.</b>
STREET ADDRESS	<b>140 SPRINGBERRY LN</b>
CITY-ST-ZIP	<b>CHAPEL HILL NC</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>PINNELAS, IRA</b>
STREET ADDRESS	<b>123 VALENCIA LOOP</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGRS FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Barrett, Jouglas, M.D.</b>
1.3 STREET ADDRESS	<b>P.O. Box 100296</b>
1.4 CITY-ST-ZIP	<b>Gainesville, FL 32610-0296</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Diane Z. Weems, M.D.</b>
3.3 STREET ADDRESS	<b>7 Modena Island Drive</b>
3.4 CITY-ST-ZIP	<b>Savannah, GA 31411</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>PINNELAS, IRA</b>
6.3 STREET ADDRESS	<b>123 VALENCIA LOOP</b>
6.4 CITY-ST-ZIP	<b>ALTAMONTE SPRINGS, FL</b>

14. 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: *Olivia Ann Groves* 3-5-97 352-392-9315  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010005

CR2E037 (9/96)