


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	Mailing Address
C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604	C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604-2161

3. Date Incorporated or Qualified <b>11/05/1969</b>	3a. Date of Last Report <b>04/17/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-6587489</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
23 Zip	28 Zip	Country	Country
24	25	29	30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b>
NAME	<b>WEHLE, FREDERICK J JR</b>	1.2 NAME	<b>Barrett, Jouglas, M.D.</b>
STREET ADDRESS	<b>1420 LAKELAND HILLS BLVD</b>	1.3 STREET ADDRESS	<b>P.O. Box 100296</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	1.4 CITY-ST-ZIP	<b>Gainesville, FL 32610-0296</b>
TITLE	<b>S</b>	2.1 TITLE	
NAME	<b>GROVES, OLIVIA ANN</b>	2.2 NAME	
STREET ADDRESS	<b>9118 S.W. 122ND STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b>	3.1 TITLE	<b>VP</b>
NAME	<b>WALASZEK, SHEILA</b>	3.2 NAME	<b>Diane Z. Weems, M.D.</b>
STREET ADDRESS	<b>5618 PGA BLVD., #1614</b>	3.3 STREET ADDRESS	<b>7 Modena Island Drive</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	3.4 CITY-ST-ZIP	<b>Savannah, GA 31411</b>
TITLE	<b>D</b>	4.1 TITLE	
NAME	<b>BUNNELL, WALTER III</b>	4.2 NAME	
STREET ADDRESS	<b>1543 OX BOTTOM ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>KANTER, RONALD J.</b>	5.2 NAME	
STREET ADDRESS	<b>140 SPRINGBERRY LN</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHAPEL HILL NC</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	6.1 TITLE	<b>P</b>
NAME	<b>PINNELAS, IRA</b>	6.2 NAME	<b>PINNELAS, IRA</b>
STREET ADDRESS	<b>123 VALENCIA LOOP</b>	6.3 STREET ADDRESS	<b>123 VALENCIA LOOP</b>
CITY-ST-ZIP	<b>ALTAMONTE SPGRS FL</b>	6.4 CITY-ST-ZIP	<b>ALTAMONTES PRINGS, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-5-97**

Date

**352-392-9315**  
Daytime Phone #0010005

CR2E037 (9/96)