


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 717506 (0) 1. Corporation Name FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.					
Principal Place of Business C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604		Mailing Address C/O OLIVIA ANN GROVES P. O. BOX 14161 GAINESVILLE FL 32604		3. Date Incorporated or Qualified 11/05/1969	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number NOT APPLICABLE Applied For <input type="checkbox"/> Not Applicable	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	X Change <input type="checkbox"/> Addition	
NAME	BARRETT, JOUGLAS M		1.2 NAME	Barrett, Douglas J.	
STREET ADDRESS	PO BOX 100296		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROVES, OLIVIA ANN		2.2 NAME		
STREET ADDRESS	9118 S.W. 122ND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	3.1 TITLE	X Change <input type="checkbox"/> Addition	
NAME	WEEMS, DIANE Z MD		3.2 NAME		
STREET ADDRESS	7 MODENA ISLAND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAVANNAH GA		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUNNELL, WALTER III		4.2 NAME		
STREET ADDRESS	1543 OX BOTTOM ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KANTER, RONALD J.		5.2 NAME		
STREET ADDRESS	140 SPRINGBERRY LN		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC		5.4 CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> DELETE	6.1 TITLE	X Change <input type="checkbox"/> Addition	
NAME	PINNELAS, IRA		6.2 NAME		
STREET ADDRESS	123 VALENCIA LOOP		6.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPGRS FL		6.4 CITY-ST-ZIP		
14. 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 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.					



CR2E037 (10/97)

SIGNATURE:

Olivia Ann Groves

3/24/98 352-392-9315