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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717506

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/05/1969

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

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 **D** ☐ DELETE
NAME **BARRETT, DOUGLAS J**
STREET ADDRESS **PO BOX 100296**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **GROVES, OLIVIA ANN**
STREET ADDRESS **9118 S.W. 122ND STREET**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **WEEMS, DIANE Z MD**
STREET ADDRESS **7 MODENA ISLAND DR**
CITY-ST-ZIP **SAVANNAH GA**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BUNNELL, WALTER III**
STREET ADDRESS **1543 OX BOTTOM ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KANTER, RONALD J.**
STREET ADDRESS **140 SPRINGBERRY LN**
CITY-ST-ZIP **CHAPEL HILL NC**

5.1 TITLE **P** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **PINNELAS, IRA**
STREET ADDRESS **123 VALENCIA LOOP**
CITY-ST-ZIP **ALTAMONTE SPRGS FL**

6.1 TITLE **VP** ☐ Change ☒ Addition
6.2 NAME **Matthew Seibel, M.D.**
6.3 STREET ADDRESS **351 Prima Vera CV Road**
6.4 CITY-ST-ZIP **Altamonte Springs, FL 32714-5801**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

352-392-9315

Date Daytime Phone #

CR2E037 (11/98)