


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90025 011 \*\*\*\*61.25

<b>DOCUMENT # 717506</b>	
<b>1. Entity Name</b> FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.	

<b>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
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94054340



MOORE CR2E037 (11/03)

<b>2. Principal Place of Business</b> Suite, Apt. #, etc.	<b>3. Mailing Address</b> Suite, Apt. #, etc.
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<b>City &amp; State</b>	<b>City &amp; State</b>
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<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>
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<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  OLIVIA ANN GROVES 9118 S.W. 122ND STREET GAINESVILLE FL 32608
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<b>7. Name and Address of New Registered Agent</b>	
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.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Delete	
BARRETT, DOUGLAS J	PO BOX 100296 GAINESVILLE FL 32610-0296
<input type="checkbox"/> Delete	
GROVES, OLIVIA ANN	9118 S.W. 122ND STREET GAINESVILLE FL 32610-0296
<input type="checkbox"/> Delete	
ROSS, JOHN J MD	P.O. BOX 100296 GAINESVILLE FL 32610-0296
<input type="checkbox"/> Delete	
BUNNELL, WALTER III	1543 OX BOTTOM ROAD TALLAHASSEE FL 32312-3527
<input checked="" type="checkbox"/> Delete	
PREZIOSI, MARK	2616 HOLLINGSWORTH HILL AVE LAKELAND FL 33803-3239
<input type="checkbox"/> Delete	
SCHATZ, DESMOND MD	P.O. BOX 100296 GAINESVILLE FL 32610-0296

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<b>NAME</b>
<b>STREET ADDRESS</b>	<b>CITY - ST - ZIP</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
Sandler, Dan	38 Sherbourne Road SAVANNAH, GA 31419
<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.**

<b>SIGNATURE:</b> <i>Olivia Ann Groves</i>	<b>4-13-04 352-392-4574</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>