


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90042 004 ****61.25

DOCUMENT # 717506	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVIA ANN GROVES 9118 S.W. 122ND STREET GAINESVILLE FL 32608	
7. Name and Address of New Registered Agent 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, DOUGLAS J PO BOX 100296 GAINESVILLE FL 32610-0296 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terence Flotte, MD P.O. Box 100296 GAINESVILLE, FL 32610-0296 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROVES, OLIVIA ANN 9118 S.W. 122ND STREET GAINESVILLE FL 32610-0296 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, JOHN J MD P.O. BOX 100296 GAINESVILLE FL 32610-0296 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNNELL, WALTER III 1543 OX BOTTOM ROAD TALLAHASSEE FL 32312-3527 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDLER, DAN 38 SHERBOURNE ROAD SAVANNAH GA 31419 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHATZ, DESMOND MD P.O. BOX 100296 GAINESVILLE FL 32610-0296 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.

SIGNATURE: *Olivia Ann Groves* **1-25-2005 352-273-5329**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #