

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90057 025 ****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**

60005515



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **FLOTTE, TERENCE M.D.**
STREET ADDRESS **PO BOX 100296**
CITY-ST-ZIP **GAINESVILLE, FL 326100296**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **GROVES, OLIVIA ANN**
STREET ADDRESS **9118 S.W. 122ND STREET**
CITY-ST-ZIP **GAINESVILLE, FL 326100296**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **ROSS, JOHN J MD**
STREET ADDRESS **P.O. BOX 100296**
CITY-ST-ZIP **GAINESVILLE, FL 326100296**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BUNNELL, WALTER III**
STREET ADDRESS **1543 OX BOTTOM ROAD**
CITY-ST-ZIP **TALLAHASSEE, FL 323123527**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Delete
NAME **SANDLER, DAN**
STREET ADDRESS **38 SHERBOURNE ROAD**
CITY-ST-ZIP **SAVANNAH, GA 31419**

TITLE ☐ Change ☒ Addition
NAME **Stacey Johnson**
STREET ADDRESS **509 Gordon Avenue**
CITY-ST-ZIP **Thomasville, GA 31792**

TITLE **D** ☐ Delete
NAME **SCHATZ, DESMOND MD**
STREET ADDRESS **P.O. BOX 100296**
CITY-ST-ZIP **GAINESVILLE, FL 326100296**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-06 352-273-5329
Date Daytime Phone #