

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717506

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O OLIVIA ANN GROVES  
P. O. BOX 14161  
GAINESVILLE, FL 32604

**New Principal Place of Business:**

**Current Mailing Address:**

C/O OLIVIA ANN GROVES  
P. O. BOX 14161  
GAINESVILLE, FL 32604

**New Mailing Address:**

**FEI Number:** 59-6587489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: BUCCIARELLI, RICHARD M.D.  
Address: PO BOX 100296  
City-St-Zip: GAINESVILLE, FL 326100296

Title: S ( ) Delete  
Name: GROVES, OLIVIA ANN  
Address: 9118 S.W. 122ND STREET  
City-St-Zip: GAINESVILLE, FL 326100296

Title: D ( ) Delete  
Name: ROSS, JOHN J MD  
Address: P.O. BOX 100296  
City-St-Zip: GAINESVILLE, FL 326100296

Title: D ( ) Delete  
Name: BUNNELL, WALTER III  
Address: 1543 OX BOTTOM ROAD  
City-St-Zip: TALLAHASSEE, FL 323123527

Title: P ( ) Delete  
Name: JOHNSON, STACEY  
Address: 509 GORDON AVE.  
City-St-Zip: THOMASVILLE, GA 31792

Title: D ( ) Delete  
Name: SCHATZ, DESMOND MD  
Address: P.O. BOX 100296  
City-St-Zip: GAINESVILLE, FL 326100296

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: ELZIE, JOHN  
Address: 408 PLANTATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVIA ANN GROVES

S

04/17/2009

Electronic Signature of Signing Officer or Director

Date