

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 717506

FILED
Feb 16, 2011
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
Name: BUCCIARELLI, RICHARD M.D.
Address: PO BOX 100296
City-St-Zip: GAINESVILLE, FL 326100296 US

Title: S
Name: GROVES, OLIVIA ANN
Address: 9118 S.W. 122ND STREET
City-St-Zip: GAINESVILLE, FL 32608 US

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

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

Title: P
Name: ELZIE, JOHN
Address: 408 PLANTATION ROAD
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: D
Name: SCHATZ, DESMOND MD
Address: P.O. BOX 100296
City-St-Zip: GAINESVILLE, FL 32610 US

I hereby 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 all other like empowered.

SIGNATURE: OLIVIA ANN GROVES

S

02/16/2011

Electronic Signature of Signing Officer or Director

Date