

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **762456** (2)

1. Corporation Name

FLORIDA POISON INFORMATION CENTER FOUNDATION, INC.

Principal Place of Business

Mailing Address

**810 HARBOURSIDE, 4 COLUMBIA DR.
PO BOX 18582
TAMPA FL 33679**

**810 HARBOURSIDE, 4 COLUMBIA DR.
PO BOX 18582
TAMPA FL 33679**



3. Date Incorporated or Qualified

03/17/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 TGH - Rm A324

2a. Mailing Address

26 P.O. Box 1289

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Tampa FL

27 Tampa FL

City & State

City & State

23 33606

28 33601

Zip

Country

Zip

Country

24 USA

29 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PELLEGRINO, VICTOR J., ESQ.
4830 W. KENNEDY BLVD., SUITE 750
TAMPA FL 33609**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **HILLMAN M.S., JAMES V.**
STREET ADDRESS **34 LADOGA STREET**
CITY - ST - ZIP **TAMPA FL**

TITLE **STD** ☐ DELETE

NAME **GAAR M.D., GREGORY G.**
STREET ADDRESS **2619 SUNSET DRIVE**
CITY - ST - ZIP **TAMPA FL**

TITLE **VPD** ☐ DELETE

NAME **SHORT, KATHY**
STREET ADDRESS **3112 VILLA ROSA**
CITY - ST - ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **Gregory Gaar, M.D.**
1.3 STREET ADDRESS **4 Columbia Drive, Suite 810**
1.4 CITY - ST - ZIP **Tampa FL 33606**

2.1 TITLE **V** ☐ Change ☐ Addition

2.2 NAME **Dan Riggs, M.D.**
2.3 STREET ADDRESS **4 Columbia Drive, Suite 860-D**
2.4 CITY - ST - ZIP **Tampa FL 33606**

3.1 TITLE **ST** ☒ Change ☐ Addition

3.2 NAME **Marsha Lane**
3.3 STREET ADDRESS **209 South Morgan Street**
3.4 CITY - ST - ZIP **Tampa FL 33602**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gregory G. Gaar, M.D.
President

July 24, 1996 (813) 251-6911 ext 14
Date Daytime Phone #

CR2E037 (3/96)