FILE NOW: FILING FEE IS \$61.25

NONPROFIT	
CORPORATION	
annual repor	1



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

ANNUAL REPOR
1996

DOCUMENT #
1. Corporation Name 767935

(0)

HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.					
	HIII	SBUBUILD	COUNTY	DEDIATOR COCIETY	/ INIC



Principal Place of Business Mailing A				ing Address					ı rabis innin dirin dana talah elibi diri bi biş dibil dibil bi biş bişir bişir bişir 1981					
	106 North Ampa FL 33	ARMENIA #3 1603			06 north Armenia MPA FL 33603	#3								
		·····								3. Date Incorporated or Qualified 04/13/1983	3a. Date o	of Last 01/19		
_	Principal Pl	ace of Business	3	1	Mailing Address					4. FEI Number	<u>L</u>	1	Applied For	
21	<u> </u>			26						59-2283264		1	Vot Applicable	
22	Suite, Apt.	#, etc.		1	Suite, Apt. #, etc.					5. Certificate of Status Desired		_	Additional	
22	City & State			27	City & State					W		Fee f	Required	
23	Only to Otale	•		28	Ony & State					6. Election Campaign Financing			O May Be	
	Zip		Country	+==-	Zip	Cou	ıntry			Trust Fund Contribution 8. This corporation has flability for in			d to Fees	
24		25		29		30	,				iangibie tax ui Yes ⊠ .No		199.032,	
		9. Name ar	nd Address of Current I	legiste	ered Agent					10. Name and Address of New Re				
							81	Name					·····	
		VILLIAM E.					82	Street	Address	s (P.O. Box Number is Not Acceptable	1			
201 E. KENNEDY BLVD, SUITE 1000								(P.O. Box Number is Not Acceptable	2054	4				
▼ TAMPA FL 33602					83			~02\U\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8007					
							84	City	·	***\$1 <u>.25</u>		5 Zip	Code	
	<u>, </u>										- F1	` '		
''	or rogicion	oo agom, or ac	un, in the elate of righte.	OUCH I	zianuc was auniukz	90 DV 018 0	orex corex	named co pration's	orporations board c	on submits this statement for the purp of directors. I hereby accept the appoi	ose of changir	ng its re	gistered office	
	IDITING WIL	th, and accept t	he obligations of, Section	617.08	503, Florida Statutes		ľ			and the specific state of the specific state	TOTION DO FOG	310100	agont. Fam	
SIC	SNATURE _	Signature, typed or p	rinted name of registered agent and	i titla il enr	NAC But Cable	TE: Registered	Anno	• alamata	and the state of				·	
12			OFFICERS AND D			13.	rgor	. signa.cire i	required wit	ADDITIONS/CHANGES TO OFFICE	DATE CEBS AND DIE	RECTO	RS IN 12	
TITL	E	SD			DELETE	1.1 (1	TLE		VP/		6 ₹) C		Addition	
NAM	Æ j		L, PATRICIA			1.2 N	AME			MANUEL, PATRICIA	V-2-V			
STR	EET ADDRESS		ICE B. DOWNS BLVD			13 S	REET	ADDRESS	129	10) BRUCE B. DOWNS				
	'-ST-ZIP	TAMPA FL				1.4 CI	TY-SI	T-ZIP	TA	MPA, FL 33612				
TITL	€	CD			DELETE	2.1 TI	TLF		Bus	ENSURERID INCO, PATRICIA	□ C	hange	Addition	
NAN	te l	-	HRISTOPHER D.			2.2 N	AME			3705 N. Dan mabo	,			
	EET ADDRESS	5106 N. AF	RMENIA			2.3 S1	REET.	ADDRESS		·	1			
	'-ST-ZIP	TAMPA FL PD				2.40	ITY-S	1-21P		MPA, FC 33618				
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NAM	1		ICE B DOWNS BLVD			3.2 N/			WE	I BLEY , MICHARD	v. da			
	EET ADDRESS	TAMPA FL	OF D DOMING BEAD					ADDRESS		101 BRUCE B. DOWNS P	SWO			
TITE	'-ST-Z)P	TD			DELETE		ITY-S	T-ZIP		AMPA, FL 33612				
NAM		ABRUNZO,	THOMAS		Finerese	4111		İ	260	C/D	⊠ ci	•	☐ Addition	
	ET ADDRESS		ARTIN LUTHER KING	BI VD		4. 2 N		IDDD=00	HON	winco, thomas 101 w. Maktin Luther	Yaz. a	LUD		
	- ST- ZIP	TAMPA FL		JLTU.	•			ADDRESS	30		- rine 0	((1)		
UIII	- 01 - 611					4.4 CF	ry-St	- ZIP	1 '	rampairl 33607				

CITY-ST-ZIP 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 certify that I am an officer or director of the corporation or the received of 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.

5.1 TITLE

5.2 NAME

61 TITLE

62 NAME

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

PRESIDENT/D

3500 €.

WILLIAMS, EDWARD T 3500 E. FLETCHER AVE

TAMPA, FL 33613

SIGNATURE:

WILLIAMS, EDWARD T.

TAMPA FL

3500 EAST FLETCHER AVENU

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR EDWARD T.

DELETE

DELETE

(813)977-0046

Change

☐ Change

☐ Addition

Addition