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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 767935 (0)

1. Corporation Name

HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.

Principal Place of Business	Mailing Address
5106 NORTH ARMENIA #3 TAMPA FL 33603	5106 NORTH ARMENIA #3 TAMPA FL 33603-1433

3. Date Incorporated or Qualified: 04/13/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 2803 W. St. Isabel Street
22: Suite, Apt. #, etc.
23: City & State: Tampa, FL
24: Zip: 33607
25: Country: USA

2a. Mailing Address
26: 2803 W. St. Isabel Street
27: Suite, Apt. #, etc.: Tampa, Florida
28: City & State: 33607
29: Zip:
30: Country: USA

4. FEI Number: 59-2283264 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

HAHN, WILLIAM E.
201 E. KENNEDY BLVD, SUITE 1000
TAMPA FL 33602

10. Name and Address of New Registered Agent

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EMMANUEL, PATRICIA		1.2 NAME	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612		1.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BLANCO, PATRICIA		2.2 NAME	
STREET ADDRESS	13705 NORTH DALE MABRY		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618		2.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WEIBLEY, RICHARD		3.2 NAME	
STREET ADDRESS	12901 BRUCE B DOWNS BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33612		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ABRUNZO, THOMAS		4.2 NAME	
STREET ADDRESS	3001 W. MARTIN LUTHER KING BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, EDWARD T.		5.2 NAME	
STREET ADDRESS	3500 EAST FLETCHER AVENUE		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33613		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ PRESIDENT 3/20/97 (813) 873-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0047067