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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 767935

1. Corporation Name
HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.

Principal Place of Business	Mailing Address
2803 W ST ISABEL STREET TAMPA FL 33607 US	2803 W ST ISABEL STREET TAMPA FL 33607 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 04/13/1983 4. FEI Number 59-2283264 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	PD	☐ 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	SD	☐ 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	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KULEK-LUZEY, KARALEE		3.2 NAME		
STREET ADDRESS	3222 AZEELE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-ST-ZIP		
TITLE	VPD	☐ 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	CD	☐ 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		

14. I 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, with all other like empowered.

SIGNATURE: Patricia E. Emmanuel 1/12/99 (813) 873-0731
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)