2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State
02-05-2004 90014 023 ****61.25

DOCUMENT # 767935

1. Entity Name
HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.

94U10320

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

01052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAHN, WILLIAM E. 201 E. KENNEDY BLVD, SUITE 1000 TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. *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. I am familiar with, and accept* the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD POMPUTIUS, WILLIAM 4 COLUMBIA DR TAMPA, FL 33606	☐ Delete	PD	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HARTMAN, JACQUELINE 5259 VILLAGE MARKET WESLEY CHAPEL, FL 33544	☐ Delete	VPD	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ABRUNZO, THOMAS 2706 FOUNTAIN BLVD TAMPA, FL 33609	☒ Delete		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LILLY, CAROL 17 DAVIS BLVD #308 TAMPA, FL 33606	☐ Delete	CD	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD ~~SVP~~ WOOD-WHITE, CYNTHIA 3222 AZELEE SUITE A TAMPA, FL 33609	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~	☐ Delete	SD WILSEY, MICHAEL 5205 E. FLETCHER AVE TAMPA, FL 33617	☐ Change	☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/21/04 (813) 973-0333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #