

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 767935 1. Entity Name HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.	
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Principal Place of Business 2803 W ST ISABEL STREET TAMPA, FL 33607 US	Mailing Address 2803 W ST ISABEL STREET TAMPA, FL 33607 US
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-NP CR2E037 (10/03)

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 HAHN, WILLIAM E. 201 E. KENNEDY BLVD, SUITE 1000 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 renewing) DATE _____

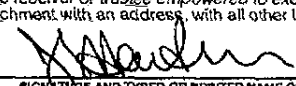
Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POMPUTIUS, WILLIAM 4 COLUMBIA DR TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARTMAN, JACQUELINE 5259 VILLAGE MARKET WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOOD-WHITE, CYNTHIA 3222 AZEELE STE A TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LILLY, CAROL 17 DAVIS BLVD #308 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSEY, MICHAEL 5205 E. FLETCHER AVE TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/21/05-80057-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Jacqueline Hartman M.D.**
VICE-PRESIDENT.
3/16/05 (813) 973-3227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #