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.

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

01042005 No Chg-NP CR2E037 (10/03)

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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

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

Filing Fee is $61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POMPUTIUS, WILLIAM
STREET ADDRESS	4 COLUMBIA DR
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VPD
NAME	HARTMAN, JACQUELINE
STREET ADDRESS	5259 VILLAGE MARKET
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	TD
NAME	WOOD-WHITE, CYNTHIA
STREET ADDRESS	3222 AZEELE STE A
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	CD
NAME	LILLY, CAROL
STREET ADDRESS	17 DAVIS BLVD #308
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	SD
NAME	WILSEY, MICHAEL
STREET ADDRESS	5205 E. FLETCHER AVE
CITY-ST-ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/05-80057-004 61.25

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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: 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 #