

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 767935**

1. Entity Name  
**HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.**



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

Mailing Address  
**2803 W ST ISABEL STREET  
TAMPA, FL 33607 US**



01212007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2283264**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**8. 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**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME HARTMAN, JACQUELINE  
STREET ADDRESS 5259 VILLAGE MARKET  
CITY-ST-ZIP WESLEY CHAPEL, FL 33544

TITLE SD  
NAME WOOD-WHITE, CYNTHIA  
STREET ADDRESS 3222 AZEELE STE A  
CITY-ST-ZIP TAMPA, FL 33609

TITLE VPD  
NAME WILSEY, MICHAEL  
STREET ADDRESS 5205 E. FLETCHER AVE  
CITY-ST-ZIP TAMPA, FL 33617

TITLE TD  
NAME BAKER, MARCY  
STREET ADDRESS 202 S. CHURCH ST  
CITY-ST-ZIP TAMPA, FL 33629

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000647311  
03/06/07-80067-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

**MARCY BAKER**

**TREASURER/DIR.**

**2/21/07 (813) 254-7079**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #