

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90013 021 ****61.25

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

40014000



01032008 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

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**

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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD HARTMAN, JACQUELINE 6259 VILLAGE MARKET 1942 Highland Oaks Blvd # B WESLEY CHAPEL, FL 33544 Wt2, FL 33559 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD WOOD-WHITE, CYNTHIA 3222 AZEELE STE A TAMPA, FL 33609 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD WILSEY, MICHAEL 5206 E. FLETCHER AVE 480 7th Ave South TAMPA, FL 33617 St. Petersburg, FL 33701 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BAKER, MARCY 202 S. CHURCH ST TAMPA, FL 33629 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD Patricia Martin 1913 W. Martin Luther King Jr. Blvd. Tampa, FL 33607 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD Jose Jimenez 1257 Bruce B. Downs Blvd. Wesley Chapel, FL 33543 |

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL J. WILSEY, MD

Date

1/17/08 (727) 822-4300

Daytime Phone #