

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767935

FILED
Jan 08, 2009
Secretary of State

Entity Name: HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.

Current Principal Place of Business:

2803 W ST ISABEL STREET
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2803 W ST ISABEL STREET
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-2283264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAHN, WILLIAM E.
201 E. KENNEDY BLVD, SUITE 1000
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARTMAN, JACQUELINE
Address: 1942 HIGHLAND OAKS BLVD #B
City-St-Zip: LUTZ, FL 33557

Title: PD () Delete
Name: WILSEY, MICHAEL
Address: 480 7TH AVE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VPD () Delete
Name: BAKER, MARCY
Address: 202 S. CHURCH ST
City-St-Zip: TAMPA, FL 33629

Title: SD () Delete
Name: MARTIN, PATRICIA
Address: 1918 W MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: TD () Delete
Name: JIMENEZ, JOSE
Address: 1257 BRUCE B DOWNS BLVD
City-St-Zip: ZEPHYRHILLS, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL J. WILSEY, M.D.

PD

01/08/2009

Electronic Signature of Signing Officer or Director

Date