

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767935

FILED
Jan 20, 2011
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
Name: WILSEY, MICHAEL
Address: 480 7TH AVE. SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: PD
Name: BAKER, MARCY
Address: 202 SOUTH CHURCH STREET
City-St-Zip: TAMPA, FL 33629

Title: VPD
Name: MARTIN, PATRICIA
Address: 1918 WEST MARTIN LUTHER KING JR BLVD
City-St-Zip: TAMPA, FL 33607

Title: SD
Name: JIMENEZ, JOSE
Address: 2527 WINGUARD CIRCLE # 102
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: TD
Name: SPOTO-CANNONS, ANTIONETTE
Address: 9024 CLIFF LAKE LANE
City-St-Zip: TAMPA, FL 33614

I hereby 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 all other like empowered.

SIGNATURE: MARCY BAKER

PD

01/20/2011

Electronic Signature of Signing Officer or Director

Date