

F120000003615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

~~W12-42846~~

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08/15/12--01008--003 \*\*70.00

09/04/12--01051--001 \*\*928.75

SECRETARY OF STATE  
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12 AUG 31 PM 3:31

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## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** American College of Pediatricians  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Hawkins

Name of Person

American College of Pediatricians

Firm/Company

(5612 NW 43rd St., 32653)

P.O. Box 357190

Address

Gainesville, FL 32635-7190

City/State and Zip Code

acopadmin@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Hawkins

Name of Person

at ( 352 ) 376-1877  
Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2012

LISA HAWKINS  
P.O. BOX 357190  
GAINESVILLE, FL 32635-7190

SUBJECT: AMERICAN COLLEGE OF PEDIATRICIANS  
Ref. Number: W12000042846

We have received your document for AMERICAN COLLEGE OF PEDIATRICIANS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$928.75.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 312A00021141

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

**American College of Pediatricians Inc.**

1. \_\_\_\_\_  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Tennessee

47-0886878

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

9/23/2002

perpetual

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

8/5/2005

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

5612 NW 43rd St., Gainesville, FL, 32653

7. \_\_\_\_\_  
(Principal office address)

P.O. Box 357190, Gainesville, FL, 32635-7190

\_\_\_\_\_ (Current mailing address)

8. Office administrator and a Board member reside inn the State of Florida  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Tom Benton, MD

Office Address 5612 NW 43rd St.

Gainesville \_\_\_\_\_, Florida 32653  
(City) (Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Tom Benton, MD

Address: 5612 NW 43rd St.

Gainesville, FL 32653

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Den Trumbull, MD

Address: 4700 Woodmere Blvd.

Montgomery, AL 36106

Vice President: Michelle Cretella, MD

Address: 20 Andersen Court

Westerly, RI 02891

Secretary: Randy Matthews, MD

Address: 800 Jefferson St, Suite 116, Whiteville, NC 28472

Treasurer: Thomas Paulus, MD

Address: 904 Autumn Rd., Suite 100, Little Rock, AR 72211

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas Benton, MD  
(Typed or printed name and capacity of person signing application)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
Division of Business Services  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**DEN TRUMBULL, MD**  
AMERICAN COLLEGE OF PEDIATRICIANS, P.O. BOX 357  
GAINESVILLE, FL 32635-7190

August 8, 2012

**Request Type: Certificate of Existence/Authorization**  
Request #: 0073512

Issuance Date: 08/08/2012  
Copies Requested: 1

**Document Receipt**

Receipt #: 805583

Filing Fee: \$22.25

Payment-Credit Card - TennesseeAnytime Online Payment #: 146506942

\$22.25

**Regarding: AMERICAN COLLEGE OF PEDIATRICIANS**

Filing Type: Corporation Non-Profit - Domestic

Formation/Qualification Date: 09/23/2002

Status: Active

Duration Term: Perpetual

Business County:

Control #: 433837

Date Formed: 09/23/2002

Formation Locale: TENNESSEE

Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**AMERICAN COLLEGE OF PEDIATRICIANS**

\* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has filed the most recent corporation annual report required with this office;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

*Tre Hargett*

Tre Hargett  
Secretary of State

Processed By: Cert Web User

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