## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

N44356

(6)

PALM BEACH PEDIATRIC SOCIETY, INC.

						<u> </u>
Principal Place of Business Mailing Address					( 188(113) B1) G154 G154 G151	
4524 GUN CLI	UR ROAD	11903 SOUTHERN BLVD	11903 SOUTHERN BLVD			
WEST PALM BEACH FL 33415		STE 106	•			
		ROYAL PALM BEACH FL 33411 US		3. Date Incorporated or Qualified	3a. Date of Last Report	
		03			07/18/1991	04/07/1995
2. Principal Plac	ce of Business	2a. Mailing Address		. 4	4. FEI Number	Applied For
21		26 932 Dolphi	n Dr	146	65-0291746	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		27				
City & State		City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	S5.00 May Be Added to Fees	
23		28 Jupiter, 5	Count	tru	This corporation has liability for in	
Zip	Country			üsA	Florida Statutes	Yes No
24	9. Name and Address of Curre	1-01	<u>~                                    </u>	<u> </u>	10. Name and Address of New Ro	
	3. Hamo and Radioos St St.			Name	6 6 6	raham
				32 Street A	Susanne O. Gr ddress (P.O. Box Number is Not Acceptable	
	DANIEL P.		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	SI Street A	daress (F.O. Box Namber is Not Acceptas	
4524 GUN CLUB RD.			1	33 93	2 Dolphin Drive	
• WEST PA	ALM BEACH FL 33415		L.		L DOIDHIN DITT	85 Zip Code
		(Please delete)	ì	City	witer Fl	- FL     ススリンと
•11. Pursuant te	o the provisions of Sections 617.050	02 and 617.1508, Florida Statutes,	the abov	e named con	poration submits this statement for the pur	page of changing its registered office
or register	ed agent, or both, in the State of Flo	rida, Such change was authorized ction 617 0503. Florida Statutes.	by the co	orporation's b	oard of directors. I hereby accept the appoint	oin(ment as registered agent. Lam
	It, and accept the obligations of, oc	Halrom	.3	1,196		
SIGNATURE _	Signature typed or printed name of registered age		Registered	igent signature rei	julied when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	Change Addition
TITLE	D	□ DELETÉ	1 1 TiTi	1		Change Nacinon
NAME	ROGERS, PAMELA Y		1.2 NAI			
STREET ADDRESS	PO BOX 32503		1	REET ADORESS		
CITY - ST - ZIP	PALM BEACH GARDENS F	L Final Care	-	Y-ST-ZIP		Change Addition
TITLE	D	<b>™</b> 8€7E1E	2 1 TIT			
NAME	Kraft, Daniel P.		2 2 NA			
STREET ADDRESS	4524 GUN CLUB RD.			REFT ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL			TY-ST-ZIP		☐ Change ☐ Addition
TITLE	D		3 1 111	l.		· -
NAME	GRAHAM, SUSIE		3.2 NA	REET ADDRESS		
STREET ADDRESS	932 DOLPHIN DRIVE			TY-ST-ZIP		,
CITY-ST-2IP	JUPITER FL	FIDELETE	4.1 111		Ь	Change Addition
TITLE	D. Boothy		4. 2 N		Tim Beattie	-
NAME	Jim Beattic	Dive		REET ADDRESS	3311 N. Flagler	Drive.
STREET ADDRESS	1 4211 6 6 3 2 6	334V7		TY-ST-ZIP	Jim Beattle 2311 N. Flagler I West Palm Bon E	1 33407
C+TY-ST-ZIP	West Palms	DELETE	5.1 TI		VVE ST TOTAL STATE OF THE STATE	Change Addition
TITLE		[	5 2 N			
NAME				REET ADDRESS		
STREET ADDRESS				TY-ST-ZIP	2000017 	r <b>g 1</b> 82
CITY-ST-ZIP		DELETE	54 U		<del>- 04/09/96 - 01:</del>	Change Addition
TITLE			6.2 N		***81.25	>V.
NAME OXDECT ADODESES				REET ADDRESS		- 4.9
STREET ADDRESS				TY-ST-ZIP		•
CITY-ST-ZIP	I		0.40	0. 20	with the contract of the Contract of the	07/2014) Florido Statutos I further

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early; 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 12 or Block 13 if changed, or on an attachment with an address.

SUSANNE O Mahan Susanne O. Graham 3/1/96 407 575 4309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- Y KRONINGK DIN DERIK DIRAD HINDI DINKO DINK BEDIN BEDIN DERIK DERIK DERIK DERIK DERIK DERIK DERIK DERIK DER