SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 [IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25].

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N44356

(6)

PALM BEACH PEDIATRIC SOCIETY, INC.

FILED	ř
Sep 23 1998 8:00am	7,000
Secretary of State	

te Incorporated or Qualified	

	ce of Business			-			ſ				
4524 GUN CL WEST PALM I	.ub road Beach fl 3341	5	JUPITE	932 DOLPHIN DR. JUPITER FL 33458			Date Incorporated or Qualified 07/18/1991				
			US				4. FEI Number				Applied For
l							65-02917	46			Not Applicable
2. Principal P	Place of Busine	988	2a. Ma 26	illing Address			5. Certificate of 8	Status Desired			5 Additional Required
Suite, Apt.	. #, etc.		27 Sui	ite, Apt. #, etc.			6. Election Camp Trust Fund Co	•			May Be Ito Fees
City & Stat	te		Cit	y & State			7. Is this nonprof	ît corporation a h		s associat	
23			28							_] No	
Zip 24	3	Country	Zip 29		30	itry	8. This corporation Personal Prop	on owes or has pr enty Tax due June		rent year Yes	Intangible
	9. Name a	ind Address of Currer	nt Registere	d Agent			10. Name and Ad	dress of New R	egistered	Agent	
					};	81 Name					
	SUSANNE () .			ļ.	B2 Street Add	dress (P.O. Box Numbe	er is Not Acceptat	ble)		
932 DOLP JUPITER F					ļ	B3		· ·			
					1	B4 City			FL	85 Z	p Code
11. Pursuant t	to the provision	s of sections 617,0502	and 617.150	8, Florida Statut	es, the above	e-named corpo	ration submits this state	ment for the purp	ose of cha	nging Its r	egistered
office or re	egistered agen	t, or both, in the State c , and accept the obligat	of Florida. Su	ich change was	authorized by	y the corporation	ion's board of directors.	I hereby accept to	he appoint	ment as re	egistered
agent. I ai	OI IOMBINAL MINT	and doodpt the obligat	IIONS UI, BOCL	ion 617.0503, Fl	onda Statute	95.					
agent. I ar SIGNATURE		, ,	•	•					0175		
SIGNATURE		printed hame of registered agen	nt and title if appli	cable. (NOTE: Registere		equired when reinstating)	IANGES TO OFF	DATE	ID DIREC	TODE IN 12
SIGNATURE	Signature, typed or	, ,	nt and title if appli	cable. (NOTE: Registere	d Agent signature re	ADDITIONS/CH	IANGES TO OFF	ICERS AN		
SIGNATURE 12. TITLE	Signature, typed or	printed name of registered agen OFFICERS AN	nt and title if appli	cable. (NOTE: Registere 13.	d Agent signature re	ADDITIONS/CH		ICERS AN		
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9/10/98 561. \$75.430 9 in Block 12 or Block 13 if changed, or on an attachment with an address.