

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).

FILED  
Sep 23 1998 8:00am  
Secretary of State

0007487

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **N44356** (6)

1. Corporation Name

**PALM BEACH PEDIATRIC SOCIETY, INC.**

Principal Place of Business

Mailing Address

4524 GUN CLUB ROAD  
WEST PALM BEACH FL 33415

932 DOLPHIN DR.  
JUPITER FL 33458  
US

3. Date Incorporated or Qualified

07/18/1991

4. FEI Number

65-0291746

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

GRAHAM, SUSANNE O.  
932 DOLPHIN DR.  
JUPITER FL 33458

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | ROGERS, PAMELA Y    |                                 |
| STREET ADDRESS | 2311 N. FLAGLER DR. |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL  |                                 |

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | D                       | <input type="checkbox"/> DELETE |
| NAME           | BEATTIE, JIM            |                                 |
| STREET ADDRESS | 2311 N. FLAGLER DR.     |                                 |
| CITY-ST-ZIP    | WEST PALM BCH. FL 33407 |                                 |

|                |                   |                                 |
|----------------|-------------------|---------------------------------|
| TITLE          | D                 | <input type="checkbox"/> DELETE |
| NAME           | GRAHAM, SUSIE     |                                 |
| STREET ADDRESS | 932 DOLPHIN DRIVE |                                 |
| CITY-ST-ZIP    | JUPITER FL        |                                 |

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | D                                | <input type="checkbox"/> DELETE |
| NAME           | SAN JORGE, MARIA M               |                                 |
| STREET ADDRESS | 10825 NORTH MILITARY TRAIL, #202 |                                 |
| CITY-ST-ZIP    | PALM BEACH GARDENS FL            |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                |                                                                              |
|--------------------|--------------------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | D                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <del>San Jorge</del> Fasko Ivy |                                                                              |
| 1.3 STREET ADDRESS | 3365 Burns Road #100           |                                                                              |
| 1.4 CITY-ST-ZIP    | Palm Beach Gardens FL 33410    |                                                                              |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |                                                                   |
| 2.3 STREET ADDRESS |  |                                                                   |
| 2.4 CITY-ST-ZIP    |  |                                                                   |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |                                                                   |
| 3.3 STREET ADDRESS |  |                                                                   |
| 3.4 CITY-ST-ZIP    |  |                                                                   |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |                                                                   |
| 4.3 STREET ADDRESS |  |                                                                   |
| 4.4 CITY-ST-ZIP    |  |                                                                   |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |                                                                   |
| 5.3 STREET ADDRESS |  |                                                                   |
| 5.4 CITY-ST-ZIP    |  |                                                                   |

|                    |  |                                                                   |
|--------------------|--|-------------------------------------------------------------------|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |                                                                   |
| 6.3 STREET ADDRESS |  |                                                                   |
| 6.4 CITY-ST-ZIP    |  |                                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Susanne O. Graham*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10/98

561-575-4309

CR2E037 (5/98)