

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N44356

1. Entity Name

PALM BEACH PEDIATRIC SOCIETY, INC.

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90236 048 ****61.25

Principal Place of Business

Mailing Address

4524 GUN CLUB ROAD
WEST PALM BEACH FL 33415

932 DOLPHIN DR.
JUPITER FL 33458
US

A0078503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0291746

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME JONES, JANIS MD
STREET ADDRESS 927 45TH ST. SUITE 205
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME BEATTIE, JIM MD
STREET ADDRESS 6705 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BCH. FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GRAHAM, (SUSIE) Susanne O.
STREET ADDRESS 932 DOLPHIN DRIVE
CITY-ST-ZIP JUPITER FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SAN JORGE, MARIA MD
STREET ADDRESS 2560 RCA BLVD, #113
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FASKE, IVY
STREET ADDRESS 3365 BURNS RD #100
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME HANLON, MARIA C MD
STREET ADDRESS 2560 RCA BLVD, #113
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Change ☒ Addition
NAME Ada C. Hanlon
STREET ADDRESS 5205 Village Blvd.
CITY-ST-ZIP West Palm Beach FL 33407

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susanne O. Graham

Susanne O. Graham

7/11/01

501 575
4309

CR2037 (5/01)