

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44356

FILED
Jan 24, 2005
Secretary of State

Entity Name: PALM BEACH PEDIATRIC SOCIETY, INC.

Current Principal Place of Business:

5205 VILLAGE BLVD
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

932 DOLPHIN DR.
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 65-0291746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, JANIS MD
Address: 927 45TH ST. SUITE 205
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: GRAHAM, SUZANNE O
Address: 932 DOLPHIN DRIVE
City-St-Zip: JUPITER, FL

Title: D () Delete
Name: SAN JORGE, MARIA MD
Address: 2560 RCA BLVD, #113
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: FASKE, IVY
Address: 3365 BURNS RD #100
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D () Delete
Name: HANLON, ADA C
Address: 5205 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D () Delete
Name: BRUCK, MICHAEL
Address: 10111 W. FOREST HILL BLVD., SUITE 150
City-St-Zip: WEST PALM BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRAHAM, SUSANNE O
Address: 932 DOLPHIN DRIVE
City-St-Zip: JUPITER, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNE O GRAHAM

D

01/24/2005

Electronic Signature of Signing Officer or Director

_____ Date