


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N44356**  
 1. Entity Name  
**PALM BEACH PEDIATRIC SOCIETY, INC.**



Principal Place of Business  
**10111 W. FOREST HILL BLVD., SUITE 150**  
**WEST PALM BEACH, FL 33414**

Mailing Address  
**932 DOLPHIN DR.**  
**JUPITER, FL 33458 US**



02272008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0291746** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**GRAHAM, SUSANNE O.**  
**932 DOLPHIN DR.**  
**JUPITER, FL 33458**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JONES, JANIS MD
STREET ADDRESS	927 45TH ST. SUITE 205
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	GRAHAM, SUSANNE O
STREET ADDRESS	932 DOLPHIN DRIVE
CITY-ST-ZIP	JUPITER, FL 33458
TITLE	D
NAME	SAN JORGE, MARIA MD
STREET ADDRESS	2560 RCA BLVD, #113
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	FASKE, IVY
STREET ADDRESS	3365 BURNS RD #100
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	D
NAME	HANLON, ADA C
STREET ADDRESS	5205 VILLAGE BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	BRUCK, MICHAEL
STREET ADDRESS	10111 W. FOREST HILL BLVD., SUITE 150
CITY-ST-ZIP	WEST PALM BEACH, FL 33414

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 03/18/08-80042-010 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* Director **2/27/08** <sup>501</sup> 371 0458  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #