2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44356

FILED Mar 23, 2009 Secretary of State

Entity Name: PALM BEACH PEDIATRIC SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 10111 W. FOREST HILL BLVD., SUITE 150 WEST PALM BEACH, FL 33414 **Current Mailing Address: New Mailing Address:** 932 DOLPHIN DR JUPITER, FL 33458 US FEI Number: 65-0291746 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAHAM, SUSANNE O. 932 DOLPHHIN DR. JUPITER, FL 33458 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition JONES, JANIS MD Name: Name: 927 45TH ST. SUITE 205 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GRAHAM, SUSANNE O Name: Address: 932 DOLPHIN DRIVE Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip: Title: () Delete Title: () Change () Addition SAN JORGE, MARIA MD Name: Name: 2560 RCA BLVD, #113 Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: () Delete Title: Title: D (X) Change () Addition FASKE, IVY Name: Name: FASKE, IVY 3365 BURNS RD #100 Address: Address: 3365 BURNS RD SUITE 206 City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410 Title: () Delete Title: () Change () Addition HANLON, ADA C Name: Name: 5205 VILLAGE BLVD Address: Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: Title: () Delete Title: () Change () Addition BRUCK, MICHAEL Name: Name: Address: 10111 W. FOREST HILL BLVD., SUITE 150 Address: WEST PALM BEACH, FL 33414 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 03/23/2009