

# 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:**

10111 W. FOREST HILL BLVD., SUITE 150  
WEST PALM BEACH, FL 33414

**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, SUSANNE O  
Address: 932 DOLPHIN DRIVE  
City-St-Zip: JUPITER, FL 33458

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

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

Title: D (X) Change ( ) Addition  
Name: FASKE, IVY  
Address: 3365 BURNS RD SUITE 206  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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 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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date