

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44356

FILED
Feb 02, 2011
Secretary of State

Entity Name: PALM BEACH PEDIATRIC SOCIETY, INC.

Current Principal Place of Business:

3365 BURNS RD SUITE 206
PALM BEACH GARDEN, FL 33410

New Principal Place of Business:

12300 ALTERNATE A1A
SUITE 109
PALM BEACH GARDEN, FL 33410

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
Name: JONES, JANIS MD
Address: 5205 GREENWOOD AVE, SUITE 251
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: GRAHAM, SUSANNE O
Address: 932 DOLPHIN DRIVE
City-St-Zip: JUPITER, FL 33458

Title: D
Name: LYNDA, BIDEAU MD
Address: 3365 BURNS RD SUITE 100
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: FASKE, IVY MD
Address: 3365 BURNS RD SUITE 206
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D
Name: ROMEAR, RON MD
Address: 5205 VILLAGE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

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

I hereby 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 all other like empowered.

SIGNATURE: SUSANNE GRAHAM

D

02/02/2011

Electronic Signature of Signing Officer or Director

_____ Date