## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N44356

FILED Jan 05, 2012 Secretary of State

Entity Name: PALM BEACH PEDIATRIC SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

12300 ALTERNATE A1A

SUITE 109

PALM BEACH GARDEN, FL 33410

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 ( )

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:** 

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:

 Name:
 LYNDA, BIDEAU MD

 Address:
 3365 BURNS RD SUITE 100

 City-St-Zip:
 PALM BEACH GARDENS, FL 33410

Title:

Name: FASKE, IVY MD

Address: 3365 BURNS RD SUITE 206 City-St-Zip: PALM BEACH GARDENS, FL 33410

Title:

Name: FOX, SHANNON MD

Address: 12955 PALMS WEST DRIVE, SUITE B-3

City-St-Zip: LOXAHATCHEE, FL 33470

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 O GRAHAM D 01/05/2012