

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N94000000301 (1)**

1. Corporation Name

**JACKSONVILLE PEDIATRIC ALUMNI ASSOCIATION, INC.**



Principal Place of Business

**653-1 WEST 8TH STREET  
JACKSONVILLE FL 32209**

Mailing Address

**653-1 WEST 8TH STREET  
JACKSONVILLE FL 32209**

3. Date Incorporated or Qualified

**01/21/1994**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

**59-3219386**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

**BARATA, SANDY L  
653-1 WEST 8TH STREET  
C/O UNIV. OF FLORIDA, DEPT. OF PEDIATRICS  
JACKSONVILLE FL 32209**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **GAMA, CARLOS MD**  
STREET ADDRESS **653-1 W 8TH ST.**  
CITY - ST - ZIP **JACKSONVILLE FL 32209**

TITLE **ACD** ☐ DELETE  
NAME **CHIU, THOMAS**  
STREET ADDRESS **653-1 W 8TH ST.**  
CITY - ST - ZIP **JACKSONVILLE FL 32209**

TITLE **FRD** ☐ DELETE  
NAME **TOLAYMAT, ASAD**  
STREET ADDRESS **653-1 W 8TH ST.**  
CITY - ST - ZIP **JACKSONVILLE FL 32209**

TITLE **FRD** ☐ DELETE  
NAME **MILLER, ROBERT**  
STREET ADDRESS **653-1 W 8TH ST.**  
CITY - ST - ZIP **JACKSONVILLE FL 32209**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **P** ☐ Change ☒ Addition  
12 NAME **Hoyos, Santiago MD**  
13 STREET ADDRESS **14438 N. Dalemabry**  
14 CITY - ST - ZIP **Tampa, FL 33624**

21 TITLE **D** ☒ Change ☐ Addition  
22 NAME **Chiu, Thomas T. MD**  
23 STREET ADDRESS **653-1 W. 8th St., Dept. of Peds.**  
24 CITY - ST - ZIP **Jacksonville, FL 32209**

31 TITLE **S** ☒ Change ☐ Addition  
32 NAME **Tolaymat, Asad MD**  
33 STREET ADDRESS **653-1 W. 8th St., Dept. of Peds.**  
34 CITY - ST - ZIP **Jacksonville, FL 32209**

41 TITLE **D** ☒ Change ☐ Addition  
42 NAME **Miller, Robert MD**  
43 STREET ADDRESS **653-1 W. 8th St., Dept. of Peds.**  
44 CITY - ST - ZIP **Jacksonville, FL 32209**

51 TITLE **T/D** ☐ Change ☒ Addition  
52 NAME **Goudarzi, Tajvar MD**  
53 STREET ADDRESS **653-1 W. 8th St., Dept. of Peds.**  
54 CITY - ST - ZIP **Jacksonville, FL 32209**

61 TITLE **D** ☐ Change ☒ Addition  
62 NAME **Barata, Sandy L.**  
63 STREET ADDRESS **653-1 W. 8th St., Dept. of Peds.**  
64 CITY - ST - ZIP **Jacksonville, FL 32209**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sandy L. Barata**

*Sandy L. Barata*

July 1, 1996

Date

(904) 549-3040

Daytime Phone #

0001803

CR2E037 (3/96)