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FILED  
Apr 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

Mailing Address

653-1 WEST 8TH STREET  
JACKSONVILLE FL 32209

653-1 WEST 8TH STREET  
JACKSONVILLE FL 32209-6511



3. Date Incorporated or Qualified  
01/21/1994

3a. Date of Last Report  
07/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME HOYOS, SANTIAGO MD  
STREET ADDRESS 14438 N DALEMABRY  
CITY-ST-ZIP TAMPA FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE  
NAME GOUDARZI, TAJVAR MD  
STREET ADDRESS 653-1 W 8TH ST DEPT OF PEDS  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME BARATA, SANDY L  
STREET ADDRESS 653-1 W 8TH ST DEPT OF PEDS  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)