


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 59-3219386	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
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				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				10. Name and Address of New Registered Agent	
(NOTE: Registered Agent signature required when reinstating)				81 Name	
DATE _____				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HOYOS, SANTIAGO MD				
STREET ADDRESS	14438 N DALEMABRY				
CITY-ST-ZIP	TAMPA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	CHIU, THOMAS				
STREET ADDRESS	653-1 W 8TH ST.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	TOLAYMAT, ASAD				
STREET ADDRESS	653-1 W 8TH ST.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	MILLER, ROBERT				
STREET ADDRESS	653-1 W 8TH ST.				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	GOUDARZI, TAJVAR MD				
STREET ADDRESS	653-1 W 8TH ST DEPT OF PEDS				
CITY-ST-ZIP	JACKSONVILLE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BARATA, SANDY L				
STREET ADDRESS	653-1 W 8TH ST DEPT OF PEDS				
CITY-ST-ZIP	JACKSONVILLE FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	MCRAE, JESSE MD				
1.3 STREET ADDRESS	1820 BARR STREET SUITE 658				
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32204				
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	HOYOS, SANTIAGO MD				
2.3 STREET ADDRESS	14438 N DALEMABRY				
2.4 CITY-ST-ZIP	TAMPA FL				
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	FIALLOS, YANINA				
3.3 STREET ADDRESS	19048 BRUCE B DOWNS BOULEVARD				
3.4 CITY-ST-ZIP	TAMPA FL 33647				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. I 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.					
SIGNATURE: <u>Sandy L Barata</u> 7/8/98 904-549-3050					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (5/98)