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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90014 025 \*\*\*\*61.25

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**DOCUMENT # N94000000301**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/21/1994

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

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 **D** ☐ DELETE

NAME **HOYOS, SANTIAGO MD**

STREET ADDRESS **14438 N DALEMABRY**

CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **CHIU, THOMAS**

STREET ADDRESS **653-1 W 8TH ST.**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **P** ☐ DELETE

NAME **MCRAE, JESSE MD**

STREET ADDRESS **1820 BARR ST, SUITE 658**

CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE **S** ☐ DELETE

NAME **FIALLOS, YANINA**

STREET ADDRESS **19048 BRUCE B DOWNS BLVD**

CITY-ST-ZIP **TAMPA FL 33647**

TITLE **TD** ☐ DELETE

NAME **GOUDARZI, TAJVAR MD**

STREET ADDRESS **653-1 W 8TH ST DEPT OF PEDS**

CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Sandy L. Barata* **Sandy L. Barata**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

Date

904-549-3050

Daytime Phone #

CR2E037 (11/98)