

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 14, 2000 8:00 am**
Secretary of State

03-14-2000 90029 030 ****70.00

DOCUMENT # N94000000301

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3219386

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. 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**

Name

Rohan Dial, MD

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

653-1 West 8th Street**C/O Univ. of Florida, Dept of Pediatrics**

City

Jacksonville**FL**Zip Code
32209

8. 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

Rohan Dial, MD**3/8/00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	D	HOYOS, SANTIAGO MD	14438 N DALEMABRY TAMPA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P	HOYOS, SANTIAGO MD	14438 N DALEMABRY TAMPA FL
<input checked="" type="checkbox"/> Delete	D	CHIU, THOMAS	653-1 W 8TH ST. JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	CANCEL, ANGEL MD	840. PINES STREET SUITE 770 MACON GA 31201
<input type="checkbox"/> Delete	D	MCRAE, JESSE MD	1820 BARR ST, SUITE 658 JACKSONVILLE FL 32204	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D	GAMA, CARLOS MD	4381 SAN JOSE LANE JACKSONVILLE FL 32207
<input checked="" type="checkbox"/> Delete	P	ARRAY, VICTORIA M D	8274 BAYBERRY RD. JACKSONVILLE FL 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S	YANINA FIALLOS MD	19048 BRUCE B DOWNS BLVD TAMPA FL 33647
<input checked="" type="checkbox"/> Delete	TD	GOUDARZI, TAJVAR MD	653-1 W 8TH ST DEPT OF PEDS JACKSONVILLE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	T	ROHAN DIAL MD	653-1 WEST 8TH STREET JACKSONVILLE FL 32209
<input checked="" type="checkbox"/> Delete	D	BARATA, SANDY L	653-1 W 8TH ST DEPT OF PEDS JACKSONVILLE FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Rohan Dial, MD****3/8/00**

Date

Daytime Phone #

CR2E037 (9/99)