

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90346 037 ****61.25

DOCUMENT # N94000000301

1. Entity 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**

80070814



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3219386**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

Name

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

City

FL

Zip Code

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

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 **P HOYOS, SANTIAGO MD** ☐ Delete
 STREET ADDRESS **14438 N DALEMABRY**
 CITY-ST-ZIP **TAMPA FL**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D CANCEL, ANGEL** ☐ Delete
 STREET ADDRESS **840 PINES ST STE 770**
 CITY-ST-ZIP **MACON GA 31201**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D MCRAE, JESSE MD** ☐ Delete
 STREET ADDRESS **1820 BARR ST, SUITE 658**
 CITY-ST-ZIP **JACKSONVILLE FL 32204**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **D GAMA, CARLOS** ☐ Delete
 STREET ADDRESS **4381 SAN JOSE LANE**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **S FIALLOS, YANINA** ☐ Delete
 STREET ADDRESS **19048 BRUCE B DOWNS BLVD**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **T DIAL, ROHAN** ☐ Delete
 STREET ADDRESS **653-1 W 8TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

4-4-02

Date

Daytime Phone #

CR2E037 (9/01)