

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 02, 2004 8:00 am
Secretary of State

06-18-2004 90002 003 ****66.25

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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

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

Name

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

City

FL

Zip Code

BONIFACIO, JOANNE L
2293 BRENTFIELD ROAD WEST
JACKSONVILLE FL 32225

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. I am familiar with, and accept the obligations of registered agent.

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

Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HOYOS, SANTIAGO MD ☐ Delete
P.O. BOX 34097
TAMPA FL 33694

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANCEL, ANGEL MD ☐ Delete
9100 EAST FLORIDA AVE #4-308
DENVER CO 80247

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCRAE, JESSE MD ☐ Delete
4231 SHERWOOD RD
JACKSONVILLE FL 32210

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAMA, CARLOS MD ☐ Delete
4381 SAN JOSE LANE
JACKSONVILLE FL 32210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GAMA, CARLOS MD ☒ Change ☐ Addition
Same

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
I
DIAL, ROHAN MD ☒ Delete
2701 MARSHLAND DRIVE
JACKSONVILLE FL 32226

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANTIAGO HOYOS, MD

6/30/04

904-244-3040

Date

Daytime Phone #