


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 17, 2005 08:00 AM  
Secretary of State

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number	Applied For
59-3219386	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input checked="" type="checkbox"/>	

6. Name and Address of Current Registered Agent
BONIFACIO, JOANNE L 2293 BRENTFIELD ROAD WEST JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent
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. 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, 2005

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 P.O. BOX 34097 TAMPA FL 33694 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000233836 02/17/05-80061-007 70.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CANCEL, ANGEL MD 9100 EAST FLORIDA AVE #4-308 DENVER CO 80247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MCRAE, JESSE MD 4231 SHERWOOD RD JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T GAMA, CARLOS MD 4381 SAN JOSE LANE JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S FIALLOS, YANINA MD 19048 BRUCE B DOWNS BLVD TAMPA FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<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)(f), 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:

*Joanne L. Bonifacio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb. 14, 2005*  
Date

Daytime Phone #