

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 10, 2003 8:00 am**  
**Secretary of State**

09-10-2003 90066 023 \*\*\*\*75.00

**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**

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

**DIAL, ROHAN**

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

Name

**JOANNE L. BONIFACIO**

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

**2293 BRENTFIELD Road West**

City

**Jacksonville**

**FL**

Zip Code

**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

*Joanne L. Bonifacio*

**9/1/03**

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**  
**After September 10, 2003, min will be \$236.25**

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

TITLE **P.O. Box 34097** ☒ Change ☐ Addition  
NAME **Tampa**  
STREET ADDRESS **FL 33694**  
CITY-ST-ZIP

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

TITLE **ANGEL CANCEL, M.D.** ☒ Change ☐ Addition  
NAME **9100 EAST Florida Ave**  
STREET ADDRESS **#4-308 DENVER, CO 80247**  
CITY-ST-ZIP

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

TITLE **Jesse MCRAE, MD** ☒ Change ☐ Addition  
NAME **4231 Sherwood Rd**  
STREET ADDRESS **Jacksonville FL 32210**  
CITY-ST-ZIP

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

TITLE **CARLOS GAMA MD** ☒ Change ☐ Addition  
NAME **Jacksonville FL 32216**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **Yanina Fiallos, MD** ☒ Change ☐ Addition  
NAME **Rohan DIAL, MD**  
STREET ADDRESS **2701 Marshland Drive**  
CITY-ST-ZIP **Jacksonville FL 32226**

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

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:

*Rohan Dial MD*

**SIGNATURE REQUIRED**

**9-8-03**

**904-244-3056**

CR2E037 (4/03)