

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767935

Entity Name: HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.**Current Principal Place of Business:**2814 W VIRGINIA AVE
TAMPA, FL 33607**Current Mailing Address:**PO 280422
TAMPA, FL 33682 US**FEI Number:** 59-2283264**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAHN, WILLIAM E.
310 W FIELDING AVE
TAMPA, FL 33606 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR
Name PESCE, JENNIFER
Address 1919 WEST SWANN AVE..
2ND FLOOR
City-State-Zip: TAMPA FL 33606

Title VP, DIRECTOR
Name PHILLIPS, AMY
Address 1919 WEST SWANN AVE
2ND FLOOR
City-State-Zip: TAMPA FL 33606

Title TREASURER, DIRECTOR
Name RUSH, LISA
Address 3222 W AZEELE ST
City-State-Zip: TAMPA FL 33609

Title PRESIDENT, DIRECTOR
Name MITCHELL, JOSHUA
Address 2814 WEST VIRGINIA
City-State-Zip: TAMPA FL 33607

Title SECRETARY, DIRECTOR
Name BURTON, TRACY
Address 12901 BRUCE B. DOWNS BLVD
City-State-Zip: TAMPA FL 33612

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER PESCE

MD

01/18/2023

Electronic Signature of Signing Officer/Director Detail_____
Date