2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2016
Secretary of State
CC6391561913

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Entity Name: HILLSBOROUGH COUNTY PEDIATRIC SOCIETY, INC.

Current Principal Place of Business:

4446 EAST FLETCHER AVE. SUITE A
TAMPA, FL 33613

Current Mailing Address:

4446 EAST FLETCHER AVE. SUITE A
TAMPA, FL 33613 US

FEI Number: 59-2283264

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAHN, WILLIAM E.
201 E. KENNEDY BLVD, SUITE 1000
TAMPA, FL 33602 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	VP, D
Name	SOLIMAR, SALUD
Address	1919 WEST SWANN AVE 2ND FLOOR
City-State-Zip:	TAMPA FL 33606

Title	P.D
Name	SPOTO-CANNONS, ANTOINETTE
Address	9024 CLIFF LAKE LANE
City-State-Zip:	TAMPA FL 33614

Title	T, D
Name	PINEIRO, ALISHA
Address	10710 FL 54
City-State-Zip:	TRINITY FL 34655

Title	CHAIRMAN, D
Name	JIMENEZ, JOSE
Address	2527 WINDGUARD CIRCLE # 102
City-State-Zip:	WESLEY CHAPEL FL 33544

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

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: ANTOINETTE SPOTO-CANNONS PRESIDENT 02/01/2016

Electronic Signature of Signing Officer/Director Detail — Date