

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 767935

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

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

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

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

*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**

**02/23/2017**

Electronic Signature of Signing Officer/Director Detail

Date