

2021 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	CHAIRMAN, DIRECTOR
Name	SOLIMAR, SALUD
Address	1919 WEST SWANN AVE 2ND FLOOR
City-State-Zip:	TAMPA FL 33606

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

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

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

Title	TREASURER, 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, M.D.**PRESIDENT****01/28/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date