



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90161 003 \*\*\*\*61.25

<b>DOCUMENT # N01344</b>					
1. Entity Name PASCO MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 13100 FT. KING ROAD DADE CITY, FL 33525		Mailing Address 13100 FT. KING ROAD DADE CITY, FL 33525			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2433237	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S PINE ISLAND BLVD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINZLEY, ANDREW		NAME	Arno, Michael	
STREET ADDRESS	13100 FT. KING ROAD		STREET ADDRESS	13100 Fort King Road	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	Dade City, Fl. 33525	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, MIGUEL DMO		NAME	Sak, Tew A.	
STREET ADDRESS	13020 FT. KING ROAD #101		STREET ADDRESS	6719 Gall Blvd #107	
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP	Zephyrhills, Fl 33541	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIANG, BEN DR		NAME		
STREET ADDRESS	13100 FT. KING ROAD		STREET ADDRESS		
CITY-ST-ZIP	DADE CITY, FL 33525		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAK, TEW A		NAME	Ferlita, John	
STREET ADDRESS	6719 GALL BLVD #107		STREET ADDRESS	13100 Fort King Rd	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541		CITY-ST-ZIP	Dade City, Fl 33525	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Michael J. Arno</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4-22-05</u> Daytime Phone #: <u>352-521-1150</u>	

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04222005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2433237

5. Certificate of Status Desired  \$8.75 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

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SIGNATURE: Michael J. Arno SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-22-05 Daytime Phone #: 352-521-1150