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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6:30

DOCUMENT # **N29993** **(5)**

1. Corporation Name
PASCO COUNTY MEDICAL SOCITEY INC.

Principal Place of Business	Mailing Address
10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668	10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/03/1989
3a. Date of Last Report: 02/22/1994
4. FEI Number: 23-7027942 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ACHARYA, MURALIDHAR K MD 10934 U.S. HIGHWAY 19 SUITE 205 PORT RICHEY FL 34668	81 Name: Gellady, Andrew M. MD 82 Street Address (P.O. Box Number is Not Acceptable): 10934 U.S. Highway 19 83: Suite 205 84 City: Port Richey **FL** 85 Zip Code: 34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Andrew M Gellady MD
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	RD	☒ Change ☐ Addition
NAME	GELLADY, ANDREW M	12 NAME	Gellady, Andrew M MD	
STREET ADDRESS	5323 GRAND BLVD	13 STREET ADDRESS	5323 Grand Blvd	
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	TD	21 TITLE	TD	☒ Change ☐ Addition
NAME	EIBERT, ROCKY M	22 NAME	Rahim, Abdur MD	
STREET ADDRESS	6730 CONGRESS STREET	23 STREET ADDRESS	5326 Gulf Drive	
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	New Port Richey FL 34652	
TITLE	PD	31 TITLE	SD	☒ Change ☐ Addition
NAME	ACHARYA, MURALIDHAR K,MD	32 NAME	Pino, Joseph MD	
STREET ADDRESS	14134 NEPHRON LANE	33 STREET ADDRESS	14100 Fivay Rd., Suite 250	
CITY-ST-ZIP	HUDSON FL	34 CITY-ST-ZIP	Hudson FL 34667	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	RAVI, KRISHNA	42 NAME		
STREET ADDRESS	2951 EAGLES NEST DR	43 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE	VD	☒ Change ☐ Addition
NAME	NYMAN, WILLIAM M	52 NAME	Nyman, William M MD	
STREET ADDRESS	5539 MARINE PARKWAY, SUITE 3	53 STREET ADDRESS	5539 Marine Parkway, Suite 3	
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	New port Richey FL 34652	
TITLE	VD	61 TITLE		☐ Change ☐ Addition
NAME	GOLDMAN, STEPHEN A	62 NAME		
STREET ADDRESS	5723 HIGH ST	63 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrew M Gellady MD
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #