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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 34668-2571

3. Date Incorporated or Qualified: 01/03/1989
3a. Date of Last Report: 04/03/1996

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

4. FEI Number: 23-7027942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GELLADY, ANDREW M M.D.
10934 U.S. HIGHWAY 19
SUITE 205
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: Nyman, William, M.D.
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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	GELLADY, ANDREW M M.D.		1.2 NAME	Pirrello, John M.D.	
STREET ADDRESS	5323 GRAND BLVD.		1.3 STREET ADDRESS	14100 Fivay Rd. Suite 250	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	Hudson FL 34667	
TITLE	SD	☐ DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	RAHIM, ABDUR M		2.2 NAME		
STREET ADDRESS	5326 GULF DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PINO, JOSEPH M.D.		3.2 NAME		
STREET ADDRESS	14100 FIVAY RD., SUITE 250		3.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	YOUNG, ROBERT A MD		4.2 NAME		
STREET ADDRESS	13910 LAKESHORE BLVD SUITE 130		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	NYMAN, WILLIAM M M.D.		5.2 NAME		
STREET ADDRESS	5539 MARINE PARKWAY, SUITE 3		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GOLDMAN, STEPHEN A		6.2 NAME		
STREET ADDRESS	5723 HIGH ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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.