2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State
05-05-2003 90110 021 ****70.00

55048664

[redacted]

DOCUMENT # N29993

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILBERG, RONALD M.D. 14100 FIVAY ROAD STE 200 PORT RICHEY FL 34668	Name: V. Rao Emandi, M.D. Street Address (P.O. Box Number is Not Acceptable): 13904 Lakeshore Blvd, Ste 410 City: Hudson FL Zip Code: 34567

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

FILE NOW: FEE IS $61.25

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	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIRRELLO, JOHN MD 7509 S.R 52 BAYONET POINT BAYONET POINT FL 34667	☒ Delete	VP Douglas Wert, MD. 4688 Grand Blvd. New Port Richey, FL 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YOUNG, ROBERT M.D. 13910 LAKESHORE BLVD., SUITE 130 HUDSON FL 34667	☒ Delete	D Jaime Kratz, M.D. 11031 US Hwy 19. Port Richey, FL 34668	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD YACHT, MARC J M.D. 10841 LITTLE ROAD NEW PORT RICHEY FL 34654	☐ Delete	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD YOUNG, ROBERT A MD 13910 LAKESHORE BLVD SUITE 130 HUDSON FL 34667	☒ Delete	D Ira Siegman, M.D. 14100 Fivay Road, Ste 330 Hudson, FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GILBERG, RONALD S MD 14100 FIVAY RD STE 200 HUDSON FL 34667	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EMANDI, VENEKATA M 13904 LAKESHORE BLVD. STE #410 HUDSON FL 34667	☐ Delete	P	☒ Change ☐ Addition

CR2E037 (10/02)

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: Petro Jonas SIGNATURE REQUIRED 5/1/03 (727) 869-7341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #