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CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:42

DOCUMENT # 752746 (8)

1. Corporation Name
PASCO COUNTY MEDICAL POLITICAL ACTION COMMITTEE, INC.

Principal Place of Business	Mailing Address
10934 HIGHWAY 19, SUITE 205 SUITE 214 PORT RICHEY FL 34668	10934 HIGHWAY 19, SUITE 205 SUITE 214 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1980
3a. Date of Last Report: 05/24/1994
4. FEI Number: 59-2164663 ☐ 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
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

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

9. Name and Address of Current Registered Agent

ZUBILLAGA CARLOS A MD
10934 HWY 19
SUITE 205
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: Emandi Venkata Rao MD
82 Street Address (P.O. Box Number Is Not Acceptable)
83 ~~10934 Hwy 19 Blvd~~ Suite 205 34667
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: [signature] 3/15/95
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	D	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	ZUBILLAGA, CARLOS A M.D.	1.2 NAME	Deupree Dana M MD	
STREET ADDRESS	10934 HWY 19, SUITE 205	1.3 STREET ADDRESS	P.O. Box 5000 NA	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	Tarpon Springs FL 34688	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	RAVI, KRISHNA, MD	2.2 NAME		
STREET ADDRESS	2951 EAGLES NEST DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	EMANDI, V. RAO M.D.	3.2 NAME	Emandi, V. Rao MD	
STREET ADDRESS	13904 LAKESHORE BLVD	3.3 STREET ADDRESS	13904 Lakeshore Blvd.	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	Hudson FL 34668	
TITLE	STD	4.1 TITLE		☐ Change ☐ Addition
NAME	COTRONEO, CINCENT MD	4.2 NAME		
STREET ADDRESS	13910 LAKESHORE #120	4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	COTRONEO, BRANDY	5.2 NAME		
STREET ADDRESS	2100 CONNIEWOOD DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PT. RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	GONZALEZ, PAULINO MD	6.2 NAME	Yacht, Marc MD	
STREET ADDRESS	5341 GRAND BLVD	6.3 STREET ADDRESS	10841 Little Road	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	New Port Richey FL 34654	

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: V. R. Emandi 3/15/95 813-869-7341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020230