

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified

06/02/1980

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAO, EMANDI VENKATA M
10934 HWY 19
SUITE 205
PORT RICHEY FL 34668**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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

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** ☐ DELETE
NAME **DEUPREE, DANA M. M**
STREET ADDRESS **PO BOX 5000 N/A**
CITY-ST-ZIP **TARPON SPRINGS FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **RAVI, KRISHNA, MD**
STREET ADDRESS **2951 EAGLES NEST DR**
CITY-ST-ZIP **PALM HARBOR FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SCHLYER, ARTHUR M. MD**
2.3 STREET ADDRESS **5341 GRAND BLVD., STE. 107**
2.4 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **PD** ☐ DELETE
NAME **EMANDI, V. RAO M.D.**
STREET ADDRESS **13904 LAKESHORE BLVD**
CITY-ST-ZIP **HUDSON FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **COTRONEO, CINCENT MD**
STREET ADDRESS **13910 LAKESHORE #120**
CITY-ST-ZIP **HUDSON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COTRONEO, BRANDY**
STREET ADDRESS **2100 CONNIEWOOD DR.**
CITY-ST-ZIP **NEW PT. RICHEY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **YACHT, MARC M**
STREET ADDRESS **10841 LITTLE RD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

6.1 TITLE **VD** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)