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FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

10834 HIGHWAY 19, SUITE 205
SUITE 214
PORT RICHEY FL 34668

Mailing Address

10834 HIGHWAY 19, SUITE 205
SUITE 214
PORT RICHEY FL 34668-25713. Date Incorporated or Qualified
06/02/19803a. Date of Last Report
04/17/1996

4. FEI Number

59-2164663

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAO, EMANDI VENKATA M
10834 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

TITLE PD ☐ DELETE
NAME DEUPREE, DANA M. M
STREET ADDRESS PO BOX 5000 N/A
CITY-ST-ZIP TARPON SPRINGS FLTITLE D ☐ DELETE
NAME SCHLYER, ARTHUR M. M.D.
STREET ADDRESS 5341 GRAND BLVD STE 107
CITY-ST-ZIP NEW PORT RICHEY FLTITLE D ☐ DELETE
NAME EMANDI, V. RAO M.D.
STREET ADDRESS 13904 LAKESHORE BLVD
CITY-ST-ZIP HUDSON FLTITLE STD ☐ DELETE
NAME COTRONEO, CINCENT MD
STREET ADDRESS 13910 LAKESHORE #120
CITY-ST-ZIP HUDSON FLTITLE D ☒ DELETE
NAME COTRONEO, BRANDY
STREET ADDRESS 2100 CONNIEWOOD DR.
CITY-ST-ZIP NEW PT. RICHEY FLTITLE VD ☐ DELETE
NAME YACHT, MARC M
STREET ADDRESS 10841 LITTLE RD
CITY-ST-ZIP NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Mayer, Zoltan
5.3 STREET ADDRESS 7143 S.R. 54 Box 179
5.4 CITY-ST-ZIP New Port Richey, FL 346536.1 TITLE P ☒ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000366

CR2E037 (9/96)