

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DEUPREE, DANA M. M</b>	
STREET ADDRESS	<b>PO BOX 5000 N/A</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHLYER, ARTHUR M. M.D.</b>	
STREET ADDRESS	<b>5341 GRAND BLVD STE 107</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EMANDI, V. RAO M.D.</b>	
STREET ADDRESS	<b>13904 LAKESHORE BLVD</b>	
CITY-ST-ZIP	<b>HUDSON FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAYER, ZOLTAN</b>	
STREET ADDRESS	<b>7143 S.R. 54 BOX 179</b>	
CITY-ST-ZIP	<b>NEW PT. RICHEY FL</b>	

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>YACHT, MARC M</b>	
STREET ADDRESS	<b>10841 LITTLE RD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	<b>S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>COTRONEO, VINCENT G. M.D.</b>	
6.3 STREET ADDRESS	<b>5539 MARINE PKWY, STE 3</b>	
6.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	

14. 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 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:

CR2E037 (10/97)