


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90185 011 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 752746					
1. Corporation Name PASCO COUNTY MEDICAL POLITICAL ACTION COMMITTEE, INC.					
Principal Place of Business 10934 HIGHWAY 19, SUITE 205 SUITE 214 PORT RICHEY FL 34668			Mailing Address 10934 HIGHWAY 19, SUITE 205 SUITE 214 PORT RICHEY FL 34668		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/02/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2164663	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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			
				85 Zip Code			
				FL			

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	D	<input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	DEUPREE, DANA M. M		1.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
STREET ADDRESS	PO BOX 5000 N/A		1.2 NAME	RAHIM, ABDUR M.D.			
CITY-ST-ZIP	TARPON SPRINGS FL		1.3 STREET ADDRESS	5326 GULF DRIVE, STE #1			
			1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652			
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHLYER, ARTHUR M. M.D.		2.2 NAME	SCHLYER, ARTHUR M. M.D.			
STREET ADDRESS	5341 GRAND BLVD STE 107		2.3 STREET ADDRESS	5341 GRAND BLVD., STE #107			
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EMANDI, V. RAO M.D.		3.2 NAME				
STREET ADDRESS	13904 LAKESHORE BLVD		3.3 STREET ADDRESS				
CITY-ST-ZIP	HUDSON FL		3.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	MAYER, ZOLTAN		4.2 NAME	GILBERG, RONALD S. M.D.			
STREET ADDRESS	7143 S.R. 54 BOX 179		4.3 STREET ADDRESS	14100 FIVAY RD., STE #200			
CITY-ST-ZIP	NEW PT. RICHEY FL		4.4 CITY-ST-ZIP	HUDSON FL 34667			
TITLE	PD	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	YACHT, MARC M		5.2 NAME	YACHT, MARC J. M.D.			
STREET ADDRESS	10841 LITTLE RD		5.3 STREET ADDRESS	10841 LITTLE RD			
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34654			
TITLE	STD	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COTRONEO, VINCENT G M.D		6.2 NAME				
STREET ADDRESS	5539 MARINE PKWY, SUITE 3		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-11-99 (727) 869-7341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)