

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752746

1. Entity Name

PASCO COUNTY MEDICAL POLITICAL ACTION COMMITTEE.

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

2. Principal Place of Business

10934 US Hwy 19.

3. Mailing Address

Suite, Apt. #, etc.
Ste. 205

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2164663

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
COTRONEO, VINCENT G. M.D.

Street Address (P.O. Box Number is Not Acceptable)
5539 MARINE PKWY, STE. #3

City
NEW PORT RICHEY

FL Zip Code
34652

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Vincent G. Cotroneo

Signature, typed or printed name of registered agent and title if applicable.
Vincent G. Cotroneo, M.D.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME RAHIM, ABOUR MD
STREET ADDRESS 5326 GULF DRIVE, STE. #1
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE PD ☐ Delete
NAME SCHLYER, ARTHUR M MD
STREET ADDRESS 5341 GRAND BLVD STE 107
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

TITLE VD ☐ Delete
NAME GILBERG, RONALD S MD
STREET ADDRESS 14100 FIVAY ROAD, STE. 200
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☐ Delete
NAME YACHT, MARC J MD
STREET ADDRESS 10641 LITTLE ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE STD ☐ Delete
NAME COTRONEO, VINCENT G M.D
STREET ADDRESS 5539 MARINE PKWY, SUITE 3
CITY-ST-ZIP NEW PORT RICHEY FL 34652

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME RAHIM, ABDUR M.D.
STREET ADDRESS 5326 GULF DRIVE, STE. #1
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☒ Change ☒ Addition
NAME YOUNG, ROBERT A. M.D.
STREET ADDRESS 13910 LAKESHORE BLVD, STE. #130
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☒ Change ☐ Addition
NAME EMANDI, V. RAO M.D.
STREET ADDRESS 13904 LAKESHORE BLVD.#410
CITY-ST-ZIP HUDSON FL 34667

TITLE VD ☒ Change ☐ Addition
NAME GILBERG, RONALD S. M.D.
STREET ADDRESS 14100 FIVAY ROAD, STE. #200
CITY-ST-ZIP HUDSON FL 34667

TITLE D ☒ Change ☐ Addition
NAME YACHT, MARC J. M.D.
STREET ADDRESS 10841 LITTLE ROAD
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE D ☐ Change ☒ Addition
NAME PINO, JOSEPH M.D.
STREET ADDRESS 14100 FIVAY ROAD, STE. #250
CITY-ST-ZIP HUDSON FL 34667

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

4-24-00

SIGNATURE:

Vincent G. Cotroneo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)