

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 752746**

1. Entity Name

**PASCO COUNTY MEDICAL POLITICAL ACTION COMMITTEE.**

Principal Place of Business

10934 HIGHWAY 19  
SUITE 205  
PORT RICHEY FL 34668

Mailing Address

10934 HIGHWAY 19  
SUITE 205  
PORT RICHEY FL 34668

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-2164663**

Applied For

Not Applicable

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

**COTRONEO, VINCENT G  
5539 MARINE PKWY  
STE #3  
NEW PORT RICHEY FL 34652**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(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	<input type="checkbox"/> Delete
NAME	RAHIM, ABDUR	
STREET ADDRESS	5326 GULF DRIVE, STE. #1	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHLYER, ARTHUR M MD	
STREET ADDRESS	5341 GRAND BLVD STE 107	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	EMANDI, V. RAO M.D.	
STREET ADDRESS	13910 LAKESHORE BLVD STE 130	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GILBERG, RONALD S MD	
STREET ADDRESS	14100 PIVAY ROAD, STE. 200	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> Delete
NAME	YACHT, MARC J MD	
STREET ADDRESS	10841 LITTLE RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	STD	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Young, Robert A., MD	
STREET ADDRESS	13910 Lakeshore Blvd Suite 130	
CITY-ST-ZIP	Hudson, FL 34667	
TITLE	Rahim, Abdur, MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

5/17/01

Robert A. Young, M.D.

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90344 048 \*\*\*\*70.00

**658923**

DO NOT WRITE IN THIS SPACE

0093346

CR2E037 (10/00)