

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jul 24, 2002 8:00 am
Secretary of State

05-28-2002 91780 013 ****70.00

DOCUMENT # 752746

1. Entity Name

PASCO COUNTY MEDICAL POLITICAL ACTION COMMITTEE, INC.

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 & State

City & 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

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

7. Name and Address of New Registered Agent

Name **Ronald Gilberg, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
14100 PIVAY ROAD
Ste 200
City **Port Richey Hudson FL** Zip Code **34667**

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 or trustee (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	Delete
NAME	RAHIM, ABDUR	
STREET ADDRESS	5328 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	BS	Delete
NAME	EMANDI, V. RAO M.D.	
STREET ADDRESS	13910 LAKESHORE BLVD STE 130	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VP	Delete
NAME	GILBERG, RONALD S MD	
STREET ADDRESS	14100 PIVAY ROAD, STE. 200	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	MD	Delete
NAME	YACHT, MARC J MD	
STREET ADDRESS	10841 LITTLE RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	MD	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	John Pirrello, MD		
STREET ADDRESS	7509 SR 52		
CITY-ST-ZIP	Bayonet Point, FL 34667		
TITLE	D	Change	Addition
NAME	Joseph Pino, M.D.		
STREET ADDRESS	7509 SR 52		
CITY-ST-ZIP	Bayonet Point, FL 34667		
TITLE	D	Change	Addition
NAME	Robert Young, M.D.		
STREET ADDRESS	13910 Lakeshore Blvd Ste 130		
CITY-ST-ZIP	Hudson, FL 34667		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Change	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:

Pietro A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

(727) 869-7341

Daytime Phone #

CR2E037 (9/01)