

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90443 031 ****70.00

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|---|--|--|--|--|--|
| 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 Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | | Zip | | |
| Country | | | Country | | |
| 4. FEI Number 59-2164663 | | | Applied For <input type="checkbox"/> Not Applicable | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent EMCINDI, V RAO 13404 LAKESHORE BLVD STE 410 HUDSON, FL 34567 | | | 7. Name and Address of New Registered Agent Name Yacht, Marc J, MD Street Address (P.O. Box Number is Not Acceptable) 10841 Little Road City New Port Richey FL Zip Code 34654 | | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | DATE _____ <small>(NOTE: Registered Agent signature required when reinstalling)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WERT, DOUGLAS MD 4688 GRAND BLVD NEW PORT RICHEY, FL 34652 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KRATZ, JAIME M.D. 11031 US 19 N PORT RICHEY, FL 34668 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EMANDI, V. RAO M.D. 13910 LAKESHORE BLVD STE 130 HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SVENMAN, IRA M.D. 14100 FROY ROAD STE 330 HUDSON, FL 34667 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YACHT, MARC J MD 10841 LITTLE RD NEW PORT RICHEY, FL 34654 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETRO JONES 4509 TOPSAIL TRAIL NEW PORT RICHEY, FL 34652 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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: Petro Jones <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4/29/04 (727) 869-7341 <small>Daytime Phone #</small> | | |