



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90485 038 \*\*\*\*70.00

<b>DOCUMENT # 752746</b> 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 9227 Amazon Dr.		3. Mailing Address 9227 Amazon Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262005    Chg-NP    CR2E037 (10/03)	
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 59-2164663	
Zip 34655		Country PASCO		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  YACHT, MARC J MD 10821 LITTLE ROAD NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name <u>Dr. Douglas Wert</u> Street Address (P.O. Box Number is Not Acceptable) <u>4688 Grand Blvd</u> City <u>New Port Richey</u> <u>FL</u> Zip Code <u>34652</u>	
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 <u>Douglas Wert</u> <span style="float: right;">4/26/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to Florida Department of State</b>	
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 <input checked="" 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, PEDRO 4509 TOPSAIL TRAIL NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YACHT, MARC J MD 10841 LITTLE RD NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Yacht, Marc J MD	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Yacht, Marc J MD	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Yacht, Marc J MD	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input 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: <u>Petro Jones</u> <span style="float: right;">4/24/05 (727) 207-7232</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					