


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90081 005 ****70.00

DOCUMENT # 752746 1. Entity Name PASCO COUNTY MEDICAL POLITICAL ACTION COMMITTEE, INC.					
Principal Place of Business 9227 AMAZON DRIVE NEW PORT RICHEY, FL 34655			Mailing Address 9227 AMAZON DRIVE NEW PORT RICHEY, FL 34655		
2. Principal Place of Business - No P.O. Box # 5745 Main Street		3. Mailing Address 5745 Main Street			
Suite, Apt. #, etc. Suite # 2		Suite, Apt. #, etc. Suite # 2			
City & State New Port Richey, FL		City & State New Port Richey, FL			
Zip 34652		Country PASCO		Zip 34652	
Country PASCO		Country PASCO			
4. FEI Number 59-2164663					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KRATZ, JAIME DR. 11031 US HWY 19 PORT RICHEY, FL 34668					
7. Name and Address of New Registered Agent Name Soto-Aguilar, Maria, M.D. Street Address (P.O. Box Number is Not Acceptable) 14153 Yosemite Drive, Suite 201 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Maria G. Soto-Aguilar, MD</i></u> DATE <u>4-30-2007</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 P NAME KRATZ, MD, JAIME STREET ADDRESS 11031 US 19 N CITY-ST-ZIP PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete		TITLE P NAME Soto-Aguilar, Maria, M.D. STREET ADDRESS 14153 Yosemite Drive, Suite 201 CITY-ST-ZIP Hudson, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JONES, PEDRO STREET ADDRESS 4509 TOPSAIL TRAIL CITY-ST-ZIP NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE D NAME Jones, Petro STREET ADDRESS 9216 Nile Drive CITY-ST-ZIP New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME YACHT, MD, MARC J. STREET ADDRESS 10841 LITTLE RD CITY-ST-ZIP NEW PORT RICHEY, FL 34654	<input checked="" type="checkbox"/> Delete		TITLE VP NAME Lokesh, Haravu, M.D. STREET ADDRESS 5437 Main Street, Suite 202 CITY-ST-ZIP New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 	<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 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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><i>Maria G. Soto-Aguilar, MD</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/30/07</u> Daytime Phone # <u>727 845-4700</u>		