

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752746

1. Entity Name

PASCO COUNTY MEDICAL POLITICAL ACTION COMMITTEE, INC.



FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 90199 035 ****70.00

55048663

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

4. FEI Number 59-2164663
Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GILBERG, RONALD MD
14100 FWAY ROAD
STE 200
HUDSON FL 34667

7. Name and Address of New Registered Agent
Name V Rao Emandi, MD
Street Address (P.O. Box Number is Not Acceptable)
13904 Lakeshore Blvd. Ste 410
City Hudson FL Zip Code 34567

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 *V. Rao Emandi*
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIRRELLO, JOHN MD		NAME	Douglas Wert MD	
STREET ADDRESS	7509 SE 52		STREET ADDRESS	4688 Grand Blvd	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PINO, JOSEPH MD		NAME	Joime Kratz, M.D.	
STREET ADDRESS	7509 SR 552		STREET ADDRESS	11031 US 19 N.	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	S	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMANDI, V. RAO M.D.		NAME		
STREET ADDRESS	13910 LAKESHORE BLVD STE 130		STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GILBERG, RONALD S MD		NAME	Ira Siegan, M.D.	
STREET ADDRESS	14100 FWAY ROAD, STE. 200		STREET ADDRESS	14100 Fway Rd, Ste 330	
CITY-ST-ZIP	HUDSON FL 34667		CITY-ST-ZIP	Hudson, FL 34667	
TITLE	MGRD	<input type="checkbox"/> Delete	TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACHT, MARC J MD		NAME		
STREET ADDRESS	10841 LITTLE RD		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34654		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTRONEO, VINCENT G M.D		NAME		
STREET ADDRESS	5539 MARINE PKWY, SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		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: *Petronio Jones RETIRED*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 5/1/03 (727) 869-7341
Daytime Phone #