FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 AM 11:31

DOCUMENT # 762661 (7)

1. Corporation Name

PASCO COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business	Mailing Address
P.O. BOX 63 NEW PT. RICHEY FL 34656 US	P. O. OX 63 NEW PT. RICHEY FL 34656 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/30/1982**
3a. Date of Last Report: **06/09/1994**
4. FEI Number: **59-6515276** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALADINE, ELINOR 8516 CESSNA DRIVE NW PORT RICHEY FL 34654	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Elinor Paladine 2/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	GOLDMAN, LYNN	12 NAME		
STREET ADDRESS	5560 CLIPPER COURT	13 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	34652	
TITLE	T	21 TITLE		☐ Change ☒ Addition
NAME	HARVEY, LORRI A	22 NAME		
STREET ADDRESS	13513 WOODSIDE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL	24 CITY-ST-ZIP	34667	
TITLE	VD	31 TITLE		☐ Change ☒ Addition
NAME	SENNABAUM, KELLY	32 NAME		
STREET ADDRESS	18731 FIRETHORN DR.	33 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL	34 CITY-ST-ZIP	34610	
TITLE	S	41 TITLE		☐ Change ☒ Addition
NAME	PIRELLO, ANNE	42 NAME		
STREET ADDRESS	6515 CAITLIN CT	43 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL	44 CITY-ST-ZIP	34667	
TITLE	SD	51 TITLE		☐ Change ☒ Addition
NAME	CANDELORA, J'ALMEE	52 NAME		
STREET ADDRESS	5015 WEST SHORE DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	54 CITY-ST-ZIP	34652	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elinor Paladine ELINOR PALADINE 2/21/95 (P/S) 594-5-5886
SIGNATURE AND TYPED OR PRINTED NAME OF ANNUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0087980