

FILE NOW: FILING FEE IS \$61.20

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 762661 (7)

1. Corporation Name

PASCO COUNTY MEDICAL SOCIETY ALLIANCE, INC.



Principal Place of Business

P.O. BOX 63
NEW PT. RICHEY FL 34656
US

Mailing Address

P. O. BOX 63
NEW PT. RICHEY FL 34656
US

3. Date Incorporated or Qualified
03/30/1982

3a. Date of Last Report
02/24/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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	<input type="checkbox"/> DELETE
NAME	GOLDMAN, LYNN	
STREET ADDRESS	5560 CLIPPER COURT	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, LORRI A	
STREET ADDRESS	13513 WOODSIDE DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SENNABAUM, KELLY	
STREET ADDRESS	18731 FIRETHORN DR.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PIRELLO, ANNE	
STREET ADDRESS	8515 CAITLIN CT	
CITY-ST-ZIP	HUDSON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CANDELORA, J'ALMEE	
STREET ADDRESS	5015 WEST SHORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T Elanna Kaplan
2.3 STREET ADDRESS	4555 mitcher Road
2.4 CITY-ST-ZIP	New Port Richey FL
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VD Debbie Wahl
3.3 STREET ADDRESS	5406 Captains Court
3.4 CITY-ST-ZIP	New Port Richey FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SD Susan Hamill
5.3 STREET ADDRESS	3173 Harvest moon Court
5.4 CITY-ST-ZIP	Palm Harbor FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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:

Elanna R. Kaplan Elanna R. Kaplan 2-21-96 813-849-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 1946

CR2E037 (12/95)