

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34856
US**

Mailing Address
**P. O. OX 63
NEW PT. RICHEY FL 34856
US**

3. Date Incorporated or Qualified **03/30/1982** 3a. Date of Last Report **02/28/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 63**

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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 34854**

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** ☒ DELETE
NAME **GOLDMAN, LYNN**
STREET ADDRESS **5560 CLIPPER COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Melanie Nyman**
1.3 STREET ADDRESS **4329 Reeves Road**
1.4 CITY-ST-ZIP **New Port Richey, FL 34652**

TITLE **T** ☐ DELETE
NAME **KAPLAN, ELANA**
STREET ADDRESS **4555 MITCHER ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **WAHL, DEBBIE**
STREET ADDRESS **5406 CAPTAINS COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **PIRELLO, ANNE**
STREET ADDRESS **8515 CAITLIN CT**
CITY-ST-ZIP **HUDSON FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **HAMILL, SUSAN**
STREET ADDRESS **3173 HARVEST MOON COURT**
CITY-ST-ZIP **PALM HARBOR FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **3477 Shoreline Drive**
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

ELIANA KAPLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97
Date

813-849-6940
Daytime Phone # **0078836**

CR2E037 (9/96)