


FILE NOW: FILING FEE IS \$61.25

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Feb 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 PO BOX 63 NEW PT. RICHEY FL 34656 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 03/30/1982	4. FEI Number 59-6515276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent PALADINE, ELNOR 8516 CESSNA DRIVE NW PORT RICHEY FL 34654

10. Name and Address of New Registered Agent 81 Name Beth Saperstein 82 Street Address (P.O. Box Number is Not Acceptable) 3540 Landmark Trail 83 Palm Harbor 84 City FL 85 Zip Code 34684

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 Beth Saperstein 1/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELANIE NYMAN 4329 REEVES RD. NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KAPLAN, ELANA 4555 MITCHER ROAD NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAHL, DEBBIE 5406 CAPTAINS COURT NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIRELLO, ANNE 8515 CAITLIN CT HUDSON FL <input checked="" type="checkbox"/> DELETE <i>Do Not Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMILL, SUSAN 3477 SHORELINE DR. PALM HARBOR FL <input checked="" type="checkbox"/> DELETE <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Elana Kaplan (President) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5111 Westshore Dr. New Port Richey, FL 34652
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Susan Hamill (President-Elect) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3477 Shoreline Dr. Palm Harbor, FL 34684
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Beth Saperstein (Treasurer) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3540 Landmark Trail Palm Harbor, FL 34684
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: Beth Saperstein 1/21/98 (813) 486-5397

CP2E037 (10/97)