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Secretary of State

03-10-1999 90176 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 762661					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/30/1982	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-6515276	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SAPERSTEIN, BETH 3540 LANDMARK TRAIL PALM HARBOR FL 34684		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	1.1 TITLE	Sharon Gilberg "D"
NAME	MELANIE NYMAN	1.2 NAME	2101 Alexis Ct.
STREET ADDRESS	4329 REEVES RD.	1.3 STREET ADDRESS	Tarpon Springs, FL 34689
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	KAPLAN, ELANA	2.2 NAME	
STREET ADDRESS	5111 WESTSHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	SAPERSTEIN, BETH "D"	3.2 NAME	
STREET ADDRESS	3540 LANDMARK TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	PIRELLO, ANNE "D"	4.2 NAME	
STREET ADDRESS	8515 CAITLIN CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	HAMILL, SUSAN "D"	5.2 NAME	
STREET ADDRESS	3477 SHORELINE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Beth Saperstein **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Beth Saperstein, Treasurer

3/5/99

Date

(727) 786-5397

Telephone #

CR2E037 (1/98)