

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18160

FILED  
May 03, 2005  
Secretary of State

**Entity Name:** PINELLAS COUNTY MEDICAL SOCIETY ALLIANCE, INC.

**Current Principal Place of Business:**

7411 114TH AVE, N  
SUITE 305  
LARGO, FL 33773 US

**New Principal Place of Business:**

**Current Mailing Address:**

7411 114TH AVE, N  
SUITE 305  
LARGO, FL 33773

**New Mailing Address:**

**FEI Number:** 59-2861711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CALDWELL, CARYN M  
7411 114TH AVE N  
SUITE 305  
LARGO, FL 33773 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T/D ( ) Delete  
Name: JOHNSON, ROSS  
Address: 1962 HAWAII AVE NE  
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: D ( ) Delete  
Name: CANO, ELENA  
Address: 1920 CHERRY ST NE  
City-St-Zip: SAINT PETERSBURG, FL 33704 US

Title: D ( ) Delete  
Name: CARLSON, CHERYL  
Address: 156 RAMON WAY NE  
City-St-Zip: SAINT PETERSBURG, FL 33704 US

Title: D ( ) Delete  
Name: ADKINS, CHRISTINE  
Address: 1621 CHESTNUT CT. E.  
City-St-Zip: PALM HARBOR, FL 34683 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL CARLSON

D

05/03/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date