FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 PM 12: 16

DOCUMENT # **N27426** **(8)**

1. Corporation Name

ROBERT D. MAY, M.D. FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O JOYCE P. IMPERATO 10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668	C/O JOYCE P. IMPERATO 10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2927090 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ZUBILLAGA CARLOS A
4620 PROFESSIONAL LOOP
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

31 Name: Gellady Andrew M MD
32 Street Address (P.O. Box Number is Not Acceptable): 10934 U.S. Highway 19
33: Suite 205
34 City: Port Richey **FL** 35 Zip Code: 34668

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ mo
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	VD	11 TITLE	☐ Change ☐ Addition
NAME	GELLADY, ANDREW M. MD	12 NAME	
STREET ADDRESS	5323 GRAND BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	VD ☒ Change ☐ Addition
NAME	ZUBILLAGA, CARLOS MD	22 NAME	Nyman William L MD
STREET ADDRESS	4620 PROFESSIONAL LOOP	23 STREET ADDRESS	5539 Marine Parkway Suite 3
CITY-ST-ZIP	NEW PORT RICHEY FL	24 CITY-ST-ZIP	New Port Richey FL 34652
TITLE	PD	31 TITLE	SD ☒ Change ☐ Addition
NAME	ACHARYA, MURALIDHAR, MD	32 NAME	Pino, Joseph MD
STREET ADDRESS	14134 NEPHRON LANE	33 STREET ADDRESS	14100 Fivay Road
CITY-ST-ZIP	HUDSON FL	34 CITY-ST-ZIP	Hudson FL 34667
TITLE	TD	41 TITLE	TD ☒ Change ☐ Addition
NAME	ELBERT, ROCKY	42 NAME	Rahim, Abdur MD
STREET ADDRESS	6730 CONGRESS	43 STREET ADDRESS	5326 Gulf Drive, Suite 1
CITY-ST-ZIP	NEW PORT RICHEY FL	44 CITY-ST-ZIP	New Port Richey FL 34652
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RAVI, KRISHNA	52 NAME	
STREET ADDRESS	2951 EAGLES NEST DR	53 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, STEPHEN A. M	62 NAME	
STREET ADDRESS	5723 HIGH ST.	63 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	64 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: _____ mo
SIGNATURE AND TYPED OR PRINTED NAME OF MGNING OFFICER OR DIRECTOR — Date — Daytime Phone #