

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
07/13/1988

3a. Date of Last Report
04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 KAREN BUCK
Suite, Apt. #, etc.

26 KAREN BUCK
Suite, Apt. #, etc.

4. FEI Number
59-2927090

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GELLADY, ANDREW M
10934 US HWY 19
STE 205
NEW PORT RICHEY FL 34668

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 VD ☐ DELETE
NAME GELLADY, ANDREW M. MD
STREET ADDRESS 5323 GRAND BLVD
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME NYMAN, WILLIAM L. M
STREET ADDRESS 5539 MARINE PKWY STE 3
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE SD ☐ DELETE
NAME PINO, JOSEPH M
STREET ADDRESS 14100 FIVAY ROAD
CITY-ST-ZIP HUDSON FL

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

TITLE TD ☐ DELETE
NAME RAHIM, ABDUR M
STREET ADDRESS 5326 GULF DRIVE, STE 1
CITY-ST-ZIP NEW PORT RICHEY FL

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

TITLE D ☒ DELETE
NAME RAVI, KRISHNA
STREET ADDRESS 2951 EAGLES NEST DR
CITY-ST-ZIP PALM HARBOR FL

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME ROBERT, YOUNG A. MD
5.3 STREET ADDRESS 13910 LAKESHORE BLVD., STE. 130
5.4 CITY-ST-ZIP HUDSON FL

TITLE VD ☐ DELETE
NAME GOLDMAN, STEPHEN A. M
STREET ADDRESS 5723 HIGH ST.
CITY-ST-ZIP NEW PORT RICHEY FL

6.1 TITLE P ☒ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

Date

813-869-7341

Daytime Phone #

CR2E037 (12/95)