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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27426 (8)

1. Corporation Name
ROBERT D. MAY, M.D. FOUNDATION, INC.

Principal Place of Business KAREN BUCK 10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668 US	Mailing Address KAREN BUCK 10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668-2571 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 07/13/1988	3a. Date of Last Report 04/03/1996
4. FEI Number 59-2927090	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
Nyman, William M.D.
82 Street Address (P.O. Box Number is Not Acceptable)
10934 U.S. Hwy 19
83 Ste 205
84 City
Port Richey
FL 85 Zip Code
34668

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 *William M. Nyman* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GELLADY, ANDREW M. MD
STREET ADDRESS	5323 GRAND BLVD
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	NYMAN, WILLIAM L. M
STREET ADDRESS	5539 MARINE PKWY STE 3
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	PINO, JOSEPH M
STREET ADDRESS	14100 FIVAY ROAD
CITY-ST-ZIP	HUDSON FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	RAHIM, ABDUR M
STREET ADDRESS	5326 GULF DRIVE, STE 1
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	YOUNG, ROBERT A MD
STREET ADDRESS	13910 LAKESHORE BLVD SUITE 130
CITY-ST-ZIP	HUDSON FL
TITLE	P <input type="checkbox"/> DELETE
NAME	GOLDMAN, STEPHEN A. M
STREET ADDRESS	5723 HIGH ST.
CITY-ST-ZIP	NEW PORT RICHEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Pirrello, John M.D.
1.3 STREET ADDRESS	14100 Fivay Rd Ste 250
1.4 CITY-ST-ZIP	Hudson FL 34667
2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)