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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
KAREN BUCK 10834 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668 US	KAREN BUCK 10834 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668 US

3. Date Incorporated or Qualified	
07/13/1988	
4. FEI Number	Applied For
59-2927090	Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
NYMAN, WILLIAM M 10834 US HWY 19 STE. 205 PORT RICHEY FL 34668	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	S/D
NAME	PIRRELLO, JOHN M	1.2 NAME	
STREET ADDRESS	14100 FIVAY PD., STE. 250	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	D
NAME	NYMAN, WILLIAM L. M	2.2 NAME	
STREET ADDRESS	5539 MARINE PKWY STE 3	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	P/D
NAME	PINO, JOSEPH M	3.2 NAME	
STREET ADDRESS	14100 FIVAY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	RAHIM, ABDUR M	4.2 NAME	
STREET ADDRESS	5328 GULF DRIVE, STE 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	V/D
NAME	YOUNG, ROBERT A MD	5.2 NAME	
STREET ADDRESS	13910 LAKESHORE BLVD SUITE 130	5.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	T/D
NAME	GOLDMAN, STEPHEN A. M	6.2 NAME	
STREET ADDRESS	5723 HIGH ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	
		EMANDI, VENEKATA R. M.D.	
		13904 LAKESHORE BLVD, STE 410	
		HUDSON FL 34667	

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.

SIGNATURE _____

CR2E037 (10/97)