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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27426

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/13/1988

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

9. Name and Address of Current Registered Agent

NYMAN, WILLIAM M
10934 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

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

TITLE SD ☐ DELETE
NAME PIRRELLO, JOHN M
STREET ADDRESS 14100 FIVAY PD., STE. 250
CITY-ST-ZIP HUDSON FL

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

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

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

TITLE VD ☐ DELETE
NAME YOUNG, ROBERT A MD
STREET ADDRESS 13910 LAKESHORE BLVD SUITE 130
CITY-ST-ZIP HUDSON FL

TITLE TD ☐ DELETE
NAME EMANDI, VENKATA R. M.
STREET ADDRESS 13904 LAKESHORE BLVD., STE #410
CITY-ST-ZIP HUDSON FL 34567

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ 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 TD ☐ Change ☒ Addition
2.2 NAME GILBERG, RONALD S. M.D.
2.3 STREET ADDRESS 14100 FIVAY RD., STE #200
2.4 CITY-ST-ZIP HUDSON FL 34667

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME PINO, JOSEPH M.D.
3.3 STREET ADDRESS 14100 FIVAY RD., STE #250
3.4 CITY-ST-ZIP HUDSON FL 34667

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME RAHIM, ABDUR M.D.
4.3 STREET ADDRESS 5326 GULF DRIVE, STE #1
4.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE SD ☒ Change ☐ Addition
6.2 NAME EMANDI, VENKATA R. M.D.
6.3 STREET ADDRESS 13904 LAKESHORE BLVD., STE #410
6.4 CITY-ST-ZIP 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, with all other like empowered.

SIGNATURE:

REQUIRED

2/11/99 (727)869-7341

CR2E037 (11/98)