

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27426

1. Entity Name

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

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90147 041 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2927090

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NYMAN, WILLIAM M
10934 US HWY 19
STE. 205
PORT RICHEY FL 34668

Name
GILBERG, RONALD S., M.D.
Street Address (P.O. Box Number is Not Acceptable)
14100 FIVAY ROAD, STE. #200

City HUDSON, FL 34667 FL Zip Code 34667

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE 
RONALD S. GILBERG, M.D.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD ☐ Delete
NAME PIRRELLO, JOHN M
STREET ADDRESS 14100 FIVAY PD., STE. 250
CITY-ST-ZIP HUDSON FL 34667

TITLE TD ☐ Change ☒ Addition
NAME YACHT, MARC J. M.D.
STREET ADDRESS 10841 LITTLE ROAD
CITY-ST-ZIP NEW PORT RICHEY, FL 34654

TITLE TD ☐ Delete
NAME GILBERG, RONALD S MD
STREET ADDRESS 14100 FIVAY RD. STE 200
CITY-ST-ZIP HUDSON FL 34667

TITLE SD ☒ Change ☐ Addition
NAME GILBERG, RONALD S. M.D.
STREET ADDRESS 14100 FIVAY ROAD, STE. 200
CITY-ST-ZIP HUDSON, FL 34667

TITLE D ☒ Delete
NAME PINO, JOSEPH M
STREET ADDRESS 14100 FIVAY ROAD
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME RAHIM, ABDUR M
STREET ADDRESS 5326 GULF DRIVE, STE 1
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

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

TITLE PD ☒ Change ☐ Addition
NAME YOUNG, ROBERT A. M.D.
STREET ADDRESS 13910 LAKESHORE BLVD., STE. #130
CITY-ST-ZIP HUDSON, FL 34667

TITLE SD ☐ Delete
NAME EMANDI, VENEKATA R. M.
STREET ADDRESS 13904 LAKESHORE BLVD., STE #410
CITY-ST-ZIP HUDSON FL 34567

TITLE VD ☒ Change ☐ Addition
NAME EMANDI, VENEKATA R. M.D.
STREET ADDRESS 13904 LAKESHORE BLVD. #410
CITY-ST-ZIP HUDSON, FL 34667

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED: Ronald S. Gilberg, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)