2001 UNIFORM BUSINESS REPORT (UBR)

May 21, 2001 8:00 am Secretary of State **DOCUMENT # N27426** 1. Entity Name 05-21-2001 90344 001 ****70.00 ROBERT D. MAY, M.D. FOUNDATION, INC. Principal Place of Business Mailing Address KAREN BUCK KAREN BUCK 10934 HIGHWAY 19. SUITE 205 10934 HIGHWAY 19. SUITE 205 PORT RICHEY FL 34668 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2927090 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) GILBERG, RONALD S 14100 FIVAY RD STE 200 City Zip Code **HUDSON FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10/00) PD TITLE ☐ Delete TITLE X Change ☐ Addition PIRRELLO, JOHN M NAME NAME Pirrello, John MD STREET ADDRESS 14100 FIVAY PD., STE. 250 STREET ADDRESS 7509 S.R. 52 Bayonet Point Bayonet Point, FL 34667 CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 TITLE Change ☐ Delete TITLE ☐ Addition NAME GILBERG, RONALD S MD NAME GIlberg, Ronald MD STREET ADDRESS STREET ADDRESS 14100 FIvay Rd. Ste. 200 14100 FIVAY RD STE 200 Hudson, FL 34667 CITY-ST-7IP HUDSON FL 34667 CITY-ST-ZIP $\overline{\mathtt{SD}}$ _ Delete_ TITLE XX Change Addition Yacht, Marc J MD YACHT, MARC J NAME NAME STREET ADDRESS 10841 LITTLE RD STREET ADDRESS 10841 Little Road CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34654** New Port Richey, FL 34654 TITLE ☐ Delete TITLE Addition ☐ Change RAHIM, ABDUR M NAME NAME STREET ADDRESS STREET ADDRESS 5326 GULF DRIVE, STE 1 CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** TITLE ☐ Delete TITLE Change ☐ Addition NAME YOUNG, ROBERT A NAME Young, Robert A MD STREET ADDRESS 13910 LAKESHORE BLVD SUITE 130 STREET ADDRESS 13910 Lakeshore Blvd Suite 130 CITY-ST-ZIP HUDSON FL 34667 CITY-ST-7IP Hudson, FL 34667 TITLE ☐ Delete TITLE Change __ Addition NAME EMANDI, VENEKATA R. M. NAME STREET ADDRESS 13904 LAKESHORE BLVD., STE #410 STREET ADDRESS CITY-ST-ZIP HUDSON FL 34567 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 trusfee employment 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:

Robert A. Young, MD 727-869-7341

FILED