

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27426

1. Entity Name

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

FILED

May 28, 2002 8:00 am
Secretary of State

05-28-2002 91780 011 *****70.00

009/556

Principal Place of Business

Mailing Address

KAREN BUCK
10934 HIGHWAY 19, SUITE 205
PORT RICHEY FL 34668
US

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

GILBERG, RONALD S
14100 FIVAY RD
STE 200
HUDSON FL 34667

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

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	RD	<input checked="" type="checkbox"/> Delete
NAME	PIRRELLO, JOHN M	
STREET ADDRESS	7509 S.R. 52 BAYONET POINT	
CITY-ST-ZIP	BAYONET POINT FL 34667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILBERG, RONALD S MD	
STREET ADDRESS	14100 FIVAY RD STE 200	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	SB MD	<input type="checkbox"/> Delete
NAME	YACHT, MARC J	
STREET ADDRESS	10841 LITTLE RD	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAHIM, ABDUR M	
STREET ADDRESS	5326 GULF DRIVE, STE 1	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, ROBERT A	
STREET ADDRESS	13910 LAKESHORE BLVD SUITE 130	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EMANDI, VENEKATA R. M.	
STREET ADDRESS	13904 LAKESHORE BLVD., STE #410	
CITY-ST-ZIP	HUDSON FL 34667	

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Douglas Wert	
STREET ADDRESS	4648 Grand Blvd	
CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jaime Kratz	
STREET ADDRESS	11031 US 19 N.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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:

Petrolators REQUI...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02 (727) 869-7341
Date Daytime Phone #