

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 90099 029 *****70.00

DOCUMENT # N27426

1. Entity Name

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



33040003

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

☐ CHECK HERE IF MAKING CHANGES

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

V. Rao Emandi, M.D.

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

13904 Lakeshore Blvd. Ste 410

City

Hudson

FL

Zip Code

34567

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

V. Rao Emandi

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **WERT, DOUGLAS**
STREET ADDRESS **4688 GRAND BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **PD** ☒ Delete
NAME **GILBERG, RONALD S MD**
STREET ADDRESS **14100 FIVAY RD STE 200**
CITY-ST-ZIP **HUDSON FL 34667**

TITLE **MD** ☐ Delete
NAME **YACHT, MARC J**
STREET ADDRESS **10841 LITTLE RD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **T** ☐ Delete
NAME **KRATZ, JAIME**
STREET ADDRESS **11031 US 19 N**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☒ Delete
NAME **YOUNG, ROBERT A**
STREET ADDRESS **13910 LAKESHORE BLVD SUITE 130**
CITY-ST-ZIP **HUDSON FL 34667**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Ira Siegmant, MD**
STREET ADDRESS **14100 Fivay Rd, St 330**
CITY-ST-ZIP **Hudson, FL 34667**

TITLE **MD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Petra Jones REPOSED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/1/03 (727) 869-7341

CR2E037 (10/02)