

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29993** (5)

PASCO COUNTY MEDICAL SOCIETY INC.



Principal Place of Business 10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668	Mailing Address 10934 HIGHWAY 19, SUITE 205 PORT RICHEY FL 34668
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3. Date Incorporated or Qualified 01/03/1989
4. FEI Number 23-7027942
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	GELLADY, ANDREW M M.D. 5323 GRAND BLVD. NEW PORT RICHEY FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RAHIM, ABDUR M	<input type="checkbox"/> DELETE	1.2 NAME PIRRELLO, JOHN M.D.	
STREET ADDRESS 5326 GULF DRIVE		1.3 STREET ADDRESS 14100 FIVAY RD., SUITE 250	
CITY-ST-ZIP NEW PORT RICHEY FL		1.4 CITY-ST-ZIP HUDSON FL 34667	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PINO, JOSEPH M.D.		2.2 NAME	
STREET ADDRESS 14100 FIVAY RD., SUITE 250		2.3 STREET ADDRESS	
CITY-ST-ZIP HUDSON FL		2.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YOUNG, ROBERT A MD		3.2 NAME	
STREET ADDRESS 13910 LAKESHORE BLVD SUITE 130		3.3 STREET ADDRESS	
CITY-ST-ZIP HUDSON FL		3.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NYMAN, WILLIAM M M.D.		4.2 NAME	
STREET ADDRESS 5539 MARINE PARKWAY, SUITE 3		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GOLDMAN, STEPHEN A		5.2 NAME EMANDI, VENEKATA R. M.D.	
STREET ADDRESS 5723 HIGH ST		5.3 STREET ADDRESS 13904 LAKESHORE BLVD, SUITE 410	
CITY-ST-ZIP NEW PORT RICHEY FL		5.4 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.

SIGNATURE _____ ROBERT A YOUNG 1/2/98 813-819-734

CR2E037 (10/97)