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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29993

1. Corporation Name

PASCO COUNTY MEDICAL SOCIETY INC.

Principal Place of Business

Mailing Address

10934 HIGHWAY 19, SUITE 205
PORT RICHEY FL 34668

10934 HIGHWAY 19, SUITE 205
PORT RICHEY FL 34668



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	01/03/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7027942
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	24
25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	VD
NAME	PIRRELLO, JOHN MD	1.2 NAME	PIRRELLO, JOHN M.D.
STREET ADDRESS	14100 FIVAY RD., STE #250	1.3 STREET ADDRESS	14100 FIVAY RD., STE #250
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	HUDSON FL 34667
TITLE	VD	2.1 TITLE	PD
NAME	RAHIM, ABDUR M	2.2 NAME	RAHIM, ABDUR M.D.
STREET ADDRESS	5326 GULF DRIVE	2.3 STREET ADDRESS	5326 GULF DRIVE, STE 1
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652
TITLE	PD	3.1 TITLE	D
NAME	PINO, JOSEPH M.D.	3.2 NAME	PINO, JOSEPH M.D.
STREET ADDRESS	14100 FIVAY RD., SUITE 250	3.3 STREET ADDRESS	14100 FIVAY RD., STE #250
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	HUDSON FL 34667
TITLE	VD	4.1 TITLE	
NAME	YOUNG, ROBERT A MD	4.2 NAME	
STREET ADDRESS	13910 LAKESHORE BLVD SUITE 130	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	TD
NAME	NYMAN, WILLIAM M M.D.	5.2 NAME	GILBERG, RONALD S. M.D.
STREET ADDRESS	5539 MARINE PARKWAY, SUITE 3	5.3 STREET ADDRESS	14100 FIVAY RD., STE #200
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	HUDSON FL 34667
TITLE	TD	6.1 TITLE	SD
NAME	EMANDI, VENKATA M	6.2 NAME	EMANDI, VENKATA R. M.D.
STREET ADDRESS	13904 LAKESHORE BLVD. STE #410	6.3 STREET ADDRESS	13904 LAKESHORE BLVD., STE #410
CITY-ST-ZIP	HUDSON FL 34667	6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)