

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29993

1. Entity Name

PASCO COUNTY MEDICAL SOCIETY INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90154 029 \*\*\*\*61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7027942

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

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

Name  
 GILBERG, RONALD S., M.D.

Street Address (P.O. Box Number is Not Acceptable)  
 14100 FIVAY ROAD, STE. #200

City  
 HUDSON, FL

FL

Zip Code  
 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)

DATE

RONALD S. GILBERG, M.D.

4-27-00

**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 PIRRELLO, JOHN MD  
 14100 FIVAY RD., STE #250  
 HUDSON FL 34667 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TD  
 YACHT, MARC J. M.D.  
 10841 LITTLE ROAD  
 NEW PORT RICHEY, FL 34654 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 RAHIM, ABDUR M  
 5326 GULF DRIVE  
 NEW PORT RICHEY FL 34652 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 RAHIM, ABDUR M.D.  
 5326 GULF DRIVE, STE. #1  
 NEW PORT RICHEY, FL 34652 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 PINO, JOSEPH M.D.  
 14100 FIVAY RD., SUITE 250  
 HUDSON FL 34667 ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 YOUNG, ROBERT A MD  
 13910 LAKESHORE BLVD SUITE 130  
 HUDSON FL ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 PD  
 YOUNG, ROBERT A. M.D.  
 13910 LAKESHORE BLVD, STE. #130  
 HUDSON FL 34667 ☒ Change ☐ Addition

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 GILBERG, RONALD S. M.D.  
 14100 FIVAY ROAD, STE. #200  
 HUDSON, FL 34667 ☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SD  
 EMANDI, VENEKATA M  
 13904 LAKESHORE BLVD. STE #410  
 HUDSON FL 34667 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 VD  
 EMANDI, VENEKATA R. M.D.  
 13904 LAKESHORE BLVD. #410  
 HUDSON, FL 34667 ☒ Change ☐ Addition

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:

SIGNATURE: Ronald S. Gilberg, M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(727) 869-7341

4-27-00

CR 1037 (9/99)