

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90344 049 ****70.00

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DOCUMENT # N29993

1. Entity 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

658922



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7027942

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GILBERT, RONALD S M.D. (spelling error)
 14100 FIVAY ROAD
 STE 200
 PORT RICHEY FL 34668

Name

Ronald Gilberg, M.D.

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

14100 Fivay Road STE 200

Hudson, FL 34667

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Pirrello, John MD**
 STREET ADDRESS **7509 S.R. 52 Bayonet Point**
 CITY-ST-ZIP **Bayonet Point, FL 34667**

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

TITLE **DR** ☒ Change ☐ Addition
 NAME **Young, Robert MD**
 STREET ADDRESS **13910 Lakeshore Blvd Suite 130**
 CITY-ST-ZIP **Hudson, FL 34667**

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

TITLE **SD** ☒ Change ☐ Addition
 NAME **Yacht, Marc MD**
 STREET ADDRESS **10841 Little Road**
 CITY-ST-ZIP **New Port Richey, FL 34654**

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

TITLE **PD** ☒ Change ☐ Addition
 NAME **Gilberg, Ronald S MD**
 STREET ADDRESS **14100 Fivay RD STE 200**
 CITY-ST-ZIP **Hudson, FL 34667**

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

TITLE **VD** ☒ Change ☐ Addition
 NAME **Gilberg, Ronald S MD**
 STREET ADDRESS **14100 Fivay RD STE 200**
 CITY-ST-ZIP **Hudson, FL 34667**

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

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

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 REQUIRED

Robert A. Young, MD 727-869-7341

CR2E037 (10/00)