

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 90702 034 \*\*\*\*70.00

**DOCUMENT # N29993**

1. Entity Name

**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**

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

**GILBERG, RONALD M.D.  
 14100 FIVAY ROAD  
 STE 200  
 PORT RICHEY FL 34668**

**HUDSON, FL 34667**

Name

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

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 **PD** ☒ Delete  
 NAME **PIRRELO, JOHN MD**  
 STREET ADDRESS **7509 S.R 52 BAYONET POINT**  
 CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **S** ☐ Change ☒ Addition  
 NAME **Douglas Wert, M.D.**  
 STREET ADDRESS **4648 Grand Blvd**  
 CITY-ST-ZIP **New Port Richey, FL 34652**

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

TITLE **T** ☐ Change ☒ Addition  
 NAME **Jaime Kratz, M.D.**  
 STREET ADDRESS **11031 US 19 N.**  
 CITY-ST-ZIP **Port Richey, FL 34668**

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

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

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

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

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

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

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

TITLE ☐ 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 SEQUIE Jones*

**5/1/02**

**(727) 869-7341**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)