
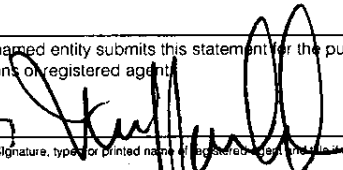
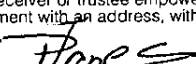


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90443 030 ****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	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EMANDI, V. RAO MO 13904 LAKESHORE BLVD., STE. 410 HUDSON, FL 34567			Name Yacht, Marc J, MD Street Address (P.O. Box Number is Not Acceptable) 10841 Little Road City New Port Richey FL 34654		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WERT, DOUGLAS M.D.		NAME		
STREET ADDRESS	4658 GRAND BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KRATZ, JAIME M.D.		NAME		
STREET ADDRESS	11031 U.S. HWY 19		STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YACHT, MARC J M.D.		NAME	Yacht, Marc J, MD	
STREET ADDRESS	10841 LITTLE ROAD		STREET ADDRESS	10841 Little Road	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654		CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGMAN, IRA M.D.		NAME		
STREET ADDRESS	14100 FIVAY ROAD, STE. 330		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EMANDI, VENEKATA M		NAME		
STREET ADDRESS	13904 LAKESHORE BLVD. STE #410		STREET ADDRESS		
CITY-ST-ZIP	HUDSON, FL 34667		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Petro Jones	
STREET ADDRESS			STREET ADDRESS	4509 Topsail Trail	
CITY-ST-ZIP			CITY-ST-ZIP	New Port Richey, FL 34652	
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:  Petro Jones <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4/29/04 (727) 869-7341 <small>Date Daytime Phone #</small>		