



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90485 039 ****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 9227 Amazon Dr.		3. Mailing Address 9227 Amazon Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04262005 Chg-NP CR2E037 (10/03)	
City & State New Port Richey, FL		City & State New Port Richey, FL		4. FEI Number 23-7027942	
Zip 34655		Country Pasco		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent YACHT, MARC J MD 10841 LITTLE RD. NEW PORT RICHEY, FL 34654				7. Name and Address of New Registered Agent Name Dr. Douglas Wert Street Address (P.O. Box Number is Not Acceptable) 4648 Grand Blvd City New Port Richey FL Zip Code 34652	
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 <u><i>Douglas Wert</i></u> (NOTE: Registered Agent signature required when reinstating) <u>4/26/05</u> DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY - ST - ZIP	VP WERT, DOUGLAS M.D. 4658 GRAND BLVD. NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P wert, Douglas, M.D. 4648 Grand Blvd New Port Richey, FL 34652	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRATZ, JAIME M.D. 11031 U.S. HWY 19 PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Kratz, Jaime, M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YACHT, MARC J M.D. 10841 LITTLE ROAD NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Yacht, marc J, M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, PETRO 4509 TOPSOIL TRL. NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Petro Jones</i></u> <u>4/24/05</u> (727) 207-7232 Date Daytime Phone #					