


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90200 041 \*\*\*\*70.00

<b>DOCUMENT # N29993</b> 1. Entity Name PASCO COUNTY MEDICAL SOCITEY INC.					
Principal Place of Business 9227 AMAZON DRIVE NEW PORT RICHEY, FL 34655				Mailing Address 9227 AMAZON DRIVE NEW PORT RICHEY, FL 34655	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WERT, DOUGLAS DR 4648 GRAND BLVD NEW PORT RICHEY, FL 34652				Name <u>Dr. Jaime Kratz</u> Street Address (P.O. Box Number is Not Acceptable) <u>11031 U.S. Hwy 19</u> City <u>Port Richey</u> <u>FL</u> Zip Code <u>34668</u>	
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>Dr. Jaime Kratz</u> DATE <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" 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	V	<input type="checkbox"/> Delete		TITLE	P <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YACHT, MARC J M.D.			NAME	
STREET ADDRESS	10841 LITTLE ROAD			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, PETRO			NAME	
STREET ADDRESS	4509 TOPSOIL TRL.			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Dones / Petro Jones</u> DATE <u>4/28/06</u> (727) 859-4660 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					