


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90116 011 ****70.00

DOCUMENT # N29993	
1. Entity Name PASCO COUNTY MEDICAL SOCIETY INC.	

40101550

Principal Place of Business 9227 AMAZON DRIVE NEW PORT RICHEY, FL 34655	Mailing Address 9227 AMAZON DRIVE NEW PORT RICHEY, FL 34655
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2. Principal Place of Business - No P.O. Box # 5745 Main Street Suite, Apt. #, etc. Suite # 2 City & State New Port Richey, FL Zip 34652 Country Pasco	3. Mailing Address 5745 Main Street Suite, Apt. #, etc. Suite # 2 City & State New Port Richey, FL Zip 34652 Country Pasco
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04292007 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7027942	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KRATZ, JAIME DR 11031 US HWY 19 PORT RICHEY, FL 34668	7. Name and Address of New Registered Agent Name Soto - Aguilar, Maria, M.D. Street Address (P.O. Box Number is Not Acceptable) 14153 Yosemite Drive Suite 201 City Hudson FL Zip Code 34667
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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 Maria C. Soto-Aguilar, MD DATE 4-30-2007
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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	P KRATZ, JAIME M.D. 11031 U.S. HWY 19 PORT RICHEY, FL 34668 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Soto-Aguilar, Maria, M.D. 14153 Yosemite Drive, Suite 201 Hudson, FL 34667 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YACHT, MARC J M.D. 10841 LITTLE ROAD NEW PORT RICHEY, FL 34654 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lakesh, Haravu 5437 Main Street, Suite 202 New Port Richey, FL 34652 <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	D Jones, Petro 9216 Nile Drive New Port Richey, FL 34652 <input checked="" 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
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 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: Maria C. Soto-Aguilar, MD DATE 4-30-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #