## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

					(1)		16 011 ****70.	
DOCUMENT # N29993  1. Entity Name PASCO COUNTY MEDICAL SOCITEY INC.						11200	10 011 70.	
9227 AMAZ0	e of Business ON DRIVE ICHEY, FL 34655	Mailing Address 9227 AMAZON DRIVE NEW PORT RICHEY, FL	34655		3 (000)101 <b>0</b> 10 (100)		raji 61811 Benji 21811 6184 h	
	Place of Business - No PO. Box #  Moin Street	3. Mailing Address Mc	rin Stra	eet.				
Suite, Apl. #, etc Suite # Z		Suite, Apt. #, etc.	ユ			hg-NP	CR2E037 (12/06)	
City & State	Port Richey, FL	New Port	Richey,	FL	4. FEi Number 23-702794	2		Applied For Not Applicable
346S		34652	Country Pasc	0	5. Certificate of St		\$8.75 Ac	
	6. Name and Address of Current F	registered Agent	No.		7. Name and Add	ress of New Re	gistered Agent	
KRATZ, JAIME DR · · · · · · · · · · · · · · · · · ·			- 1 <i>5</i> 0†	Name Soto - Aguilar, Maria, M.D. Streel Address (P.O-Box Number is Not Acceptable) 14.15.3 Yosemite Drive				
PORT RICHEY, FL 34668			741	He.	<u> </u>	1176	Drive	
	¥		City	11 <u>0</u>	<u> </u>		FL Zip Co	de
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered office of	r registere	ed agent, or both, in	the State of Flori		n, and accept
SIGNATURE	Maria & Asto. C	Equilar, MD				4-30	0-2007	
	Signature, typed or printed name of registered agent at	no title il applicable (NOTE	Registered Agent signat	ure required	when reinstating)	<del></del> -	DATE	
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Carm Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees		ke check payable la Department of S	
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Florid		State
10.  TITLE NAME STREET ADDRESS CITY ST ZIP	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Cam Trust Fund Co	paign Financing ontribution.	P 50t0	\$5.00 May Be Added to Fees DDITIONS/CHANG D- Agrir land	Florid ES TO OFFICERS T, Maria Drite D	S AND DIRECTORS I	N 10 Addition
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12. I hereby certify that the information supplied with this lifting 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: \_

maría 6 soto aguilar, M) SIGNATURE AND TYPED OR BRINTED NAME OF SIGMING OFFICER OR DIRECTOR

4-30-2007

Daytime Phone #