

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90160 039 ****70.00

DOCUMENT # N29993 1. Entity Name PASCO COUNTY MEDICAL SOCITEY INC.					
Principal Place of Business 5745 MAIN STREET SUITE #2 NEW PORT RICHEY, FL 34652			Mailing Address 5745 MAIN STREET SUITE #2 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 23-7027942	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SOTO-AGUILAR, MARIA MD 14153 YOSEMITE DRIVE SUITE 201 HUDSON, FL 34667				7. Name and Address of New Registered Agent Name Haravu Lokesh, MD Street Address (P.O. Box Number is Not Acceptable) 5437 main st., Suite 202 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  4.30.08. DATE 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	P SOTO-AGUILAR, MARIA MD 14153 YOSEMITE DRIVE, SUITE 201 HUDSON, FL 34667	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOHESH, HARAVN 5437 MAIN STREET, SUITE 202 NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, PETRO 9216 NILE DRIVE 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
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:  4/30/08 (727) 854-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					