

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29993

FILED
Apr 30, 2009
Secretary of State

Entity Name: PASCO COUNTY MEDICAL SOCIETY INC.

Current Principal Place of Business:

5745 MAIN STREET
SUITE #2
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5745 MAIN STREET
SUITE #2
NEW PORT RICHEY, FL 34652

New Mailing Address:

FEI Number: 23-7027942

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LOKESH, HARAUU MD
5637 MAIN ST., SUITE 202
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

EIBERT, ROCKY MD
6730 CONGRESS
NEW PORT RICHEY, FL 34652 US

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.

SIGNATURE: ROCKY EIBERT, MD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SOTO-AGUILAR, MARIA MD
Address: 14153 YOSEMITE DRIVE, SUITE 201
City-St-Zip: HUDSON, FL 34667

Title: PD () Delete
Name: LOHESH, HARAVU
Address: 5437 MAIN STREET, SUITE 202
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: JONES, PETRO
Address: 9216 NILE DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: LOHESH, HARAVU
Address: 5437 MAIN STREET, SUITE 202
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETRO JONES

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date