

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49749

FILED
Apr 21, 2006
Secretary of State

Entity Name: PINELLAS COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

4900 CREEKSIDE DRIVE
G
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

4900 CREEKSIDE DRIVE
G
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: 59-0618453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CALDWELL, CARYN M
4900 CREEKSIDE DRIVE, SUITE G
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PEVARSKI, DENNIS MD
Address: 4900 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: VP () Delete
Name: SINGH, VIBHUTI N MD
Address: 601 7TH STREET SOUTH STE 400
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: P () Delete
Name: GARNER, KEVIN MD
Address: 4900 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

Title: D () Delete
Name: CALDWELL, CARYN
Address: 4900 CREEKSIDE DRIVE, SUITE G
City-St-Zip: CLEARWATER, FL 33760

Title: S () Delete
Name: SPIEGEL, ROBERT S MD
Address: 2180 9TH AVENUE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33713

Title: T () Delete
Name: GILLET, EDWARD MD
Address: 4900 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: PEVARSKI, DENNIS MD
Address: 4900 CREEKSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33760 US

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

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

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

Title: D (X) Change () Addition
Name: MACKAY, EDWARD MD
Address: 7601 DR MLK ST N #C2
City-St-Zip: SAINT PETERSBURG, FL 33702

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CARYN CALDWELL

D

04/21/2006

Electronic Signature of Signing Officer or Director

Date