

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49749

FILED  
Apr 26, 2007  
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: T ( ) Delete  
Name: PEVARSKI, DENNIS MD  
Address: 4900 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760 US

Title: S ( ) Delete  
Name: MCKALIP, DAVID MD  
Address: 4900 CREEKSIDE DRIVE  
City-St-Zip: CLEARWATER, FL 33760

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: CARYN CALDWELL

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date