SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 3, 1995.
AMOUNT DUE ON OR BEFORE 6/30/95: $116.25 (IF PAID LATER, ADDITIONAL AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000225 (2)

FILED
95 JUL 19 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
PASCO COUNTY IPA, INC.

Principal Place of Business	Mailing Address
37840 MEDICAL ARTS COURT ZAPHYRHILLS FL 33541	37840 MEDICAL ARTS COURT ZAPHYRHILLS FL 33541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/12/1994
3a. Date of Last Report:
4. FEI Number: 59-3218197 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ZEPHYRHILLS	City & State 28 ZEPHYRHILLS
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BALA, SAM M.D.	1.2 NAME	
STREET ADDRESS	% 37840 MEDICAL ARTS COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ZAPHYRHILLS FL 33541	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BEDI, BEN M.D.	2.2 NAME	
STREET ADDRESS	% 37840 MEDICAL ARTS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ZAPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BLACKSTONE, HARRY M.D.	3.2 NAME	
STREET ADDRESS	% 37840 MEDICAL ARTS COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZAPHYRHILLS FL 33541	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CASELNOVA, MICHAEL M.D.	4.2 NAME	
STREET ADDRESS	% 37840 MEDICAL ARTS COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZAPHYRHILLS FL 33541	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CHEEMA, PAVITAR M.D.	5.2 NAME	
STREET ADDRESS	% 37840 MEDICAL ARTS COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZAPHYRHILLS FL 33541	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	CHIANG, BEN M.D.	6.2 NAME	
STREET ADDRESS	% 37840 MEDICAL ARTS COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZAPHYRHILLS FL 33541	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harry G. Blackstone, D.O. 7-5-95 813-788-1208
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PRESIDENT

0012335