

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000000225 (2)

1. Corporation Name

PASCO COUNTY IPA, INC.



Principal Place of Business

**37840 MEDICAL ARTS COURT
ZEPHYRHILLS FL 33541
US**

Mailing Address

**37840 MEDICAL ARTS COURT
ZEPHYRHILLS FL 33541
US**

3. Date Incorporated or Qualified
01/12/1994

3a. Date of Last Report
07/19/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BALA, SAM M.D.**
STREET ADDRESS **% 37840 MEDICAL ARTS COURT**
CITY - ST - ZIP **ZAPHYRHILLS FL 33541**

TITLE **D** ☐ DELETE
NAME **BEDI, BEN M.D.**
STREET ADDRESS **% 37840 MEDICAL ARTS COURT**
CITY - ST - ZIP **ZAPHYRHILLS FL 33541**

TITLE **D** ☐ DELETE
NAME **BLACKSTONE, HARRY M.D.**
STREET ADDRESS **% 37840 MEDICAL ARTS COURT**
CITY - ST - ZIP **ZAPHYRHILLS FL 33541**

TITLE **D** ☐ DELETE
NAME **CASELNOVA, MICHAEL M.D.**
STREET ADDRESS **% 37840 MEDICAL ARTS COURT**
CITY - ST - ZIP **ZAPHYRHILLS FL 33541**

TITLE **D** ☐ DELETE
NAME **CHEEMA, PAVITAR M.D.**
STREET ADDRESS **% 37840 MEDICAL ARTS COURT**
CITY - ST - ZIP **ZAPHYRHILLS FL 33541**

TITLE **D** ☐ DELETE
NAME **CHIANG, BEN M.D.**
STREET ADDRESS **% 37840 MEDICAL ARTS COURT**
CITY - ST - ZIP **ZAPHYRHILLS FL 33541**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96

813-788-5569

CR2E037 (12/95)