

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000000225

1. Entity Name
PASCO COUNTY IPA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY -9 AM 11:09

Principal Place of Business

16111 ANCROFT CT
TAMPA, FL 33647 US

Mailing Address

16111 ANCROFT CT
TAMPA, FL 33647 US

DO NOT WRITE IN THIS SPACE



04082006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3218197

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELD, HARVEY J
16111 ANCROFT CT
TAMPA, FL 33647

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 ✓
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	IPVD
NAME	FELD, HARVEY MD
STREET ADDRESS	7050 GALL BLVD
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	TD
NAME	GUERRERO-ARIAS, NESTOR MD
STREET ADDRESS	37740 MERIDIAN AVE
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	ATD
NAME	KNIGHT, RANDOLPH MD
STREET ADDRESS	38022 MEDICAL CENTER AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	ISD
NAME	LEON, RAFAEL MD
STREET ADDRESS	6712 DAIRY RD
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400075039604
05/22/06--01061--024 **\$61.25

700075039677
05/22/06--01061--025 **\$8.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2006 (352) 521-3266
Date Daytime Phone #