

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000225

FILED
May 14, 2008
Secretary of State

Entity Name: PASCO COUNTY IPA, INC.

Current Principal Place of Business:

16111 ANCROFT CT
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

16111 ANCROFT CT
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 59-3218197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FELD, HARVEY J
16111 ANCROFT CT
TAMPA, FL 33647 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: IPVD () Delete
Name: FELD, HARVEY MD
Address: 7050 GALL BLVD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TD () Delete
Name: GUERRERO-ARIAS, NESTOR MD
Address: 37740 MERIDIAN AVE
City-St-Zip: DADE CITY, FL 33525

Title: ATD () Delete
Name: KNIGHT, RANDOLPH MD
Address: 38022 MEDICAL CENTER AVE
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: ISD () Delete
Name: LEON, RAFAEL MD
Address: 6712 DAIRY RD
City-St-Zip: ZEPHYRHILLS, FL 33542

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:

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: FELD, DR. HARVEY J.

IPVD

05/14/2008

Electronic Signature of Signing Officer or Director

Date