

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760614 (8)

1. Corporation Name

FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.



Principal Place of Business

Mailing Address

5000 W OAKLAND PARK BLVD  
MEDICAL STAFF OFFICE  
FT LAUDERDALE FL 33313

5000 W OAKLAND PARK BLVD  
MEDICAL STAFF OFFICE  
FT LAUDERDALE FL 33313

3. Date Incorporated or Qualified

11/03/1981

3a. Date of Last Report

02/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2158389

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

BORENSTEIN, ALAN M.D.  
3001 N.W. 49TH AVENUE  
FT LAUDERDALE FL 33313

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME BORENSTEIN, ALAN  
STREET ADDRESS 3001 N.W. 49TH AVENUE  
CITY-ST-ZIP FT LAUDERDALE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VPD  DELETE  
NAME FELDMAN, STANLEY  
STREET ADDRESS 3001 NW 49TH AVE  
CITY-ST-ZIP FT LAUDERDALE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE STD  DELETE  
NAME KESDEN, DANIEL  
STREET ADDRESS 4850 W OAKLAND PK BLVD  
CITY-ST-ZIP FT LAUDERDALE FL

3.1 TITLE  Change  Addition  
3.2 NAME STD GREEN, ROBERT  
3.3 STREET ADDRESS 2951 NW 49TH AVE  
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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

Date

Daytime Phone #

*Alan Borenstein M.D.*  
ALAN BORENSTEIN M.D.

1-19-96

736-2701

CR2E037 (12/95)