


FILE NOW: FILING FEE IS \$61.25

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Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90071 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760614**

1. Corporation Name  
**FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.**

Principal Place of Business <b>5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE FL 33313</b>	Mailing Address <b>5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE FL 33313</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/03/1981</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-2158389</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**FELDMAN, STANLEY M MD  
3001 NW 49TH AVE  
FT LAUDERDALE FL 33313**

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

TITLE	STD	<input type="checkbox"/> DELETE
NAME	FRANKEL, JOEL	
STREET ADDRESS	2951 NW 49TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FELDMAN, STANLEY	
STREET ADDRESS	3001 NW 49TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GREEN ROBERT	
STREET ADDRESS	2951 N.W. 49TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]* **1/29/99** 954-730-2701  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)