

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90008 007 \*\*\*\*61.25

**DOCUMENT # 760614**

1. Entity 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 33313-1503

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2158389**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE: **STD**  Delete  
 NAME: **FRANKEL, JOEL**  
 STREET ADDRESS: **2951 NW 49TH AVE**  
 CITY-ST-ZIP: **FT LAUDERDALE FL 33313**

TITLE: **DP**  Delete  
 NAME: **FELDMAN, STANLEY**  
 STREET ADDRESS: **3001 NW 49TH AVE**  
 CITY-ST-ZIP: **FT LAUDERDALE FL**

TITLE: **VPD**  Delete  
 NAME: **GREEN ROBERT**  
 STREET ADDRESS: **2951 N.W. 49TH AVE.**  
 CITY-ST-ZIP: **FT. LAUDERDALE FL**

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. 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 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

Date

Daytime Phone #

*Stanley M Feldman MD*

01-20-00

954-730-2701