
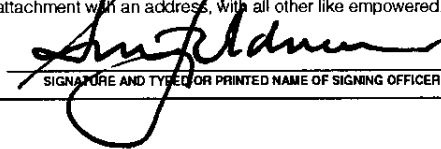


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90021 031 \*\*\*\*61.25

<b>DOCUMENT # 760614</b>					
1. Entity Name FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.					
Principal Place of Business 5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE, FL 33313		Mailing Address 5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE, FL 33313			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2158389	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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		
			State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKEL, JOEL		NAME	CARRASQUILLA, CARLOS	
STREET ADDRESS	2951 NW 49TH AVE		STREET ADDRESS	4900 W. Oakland Park Blvd.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33313		CITY-ST-ZIP	FT. LAUDERDALE, FL 33313	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDMAN, STANLEY		NAME		
STREET ADDRESS	3001 NW 49TH AVE		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN ROBERT		NAME		
STREET ADDRESS	3001 NW 49TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		STANLEY M. FELDMAN, M.D. 1-12-04 954-730-2701			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

94006120



01122004 Chg-NP CR2E037 (10/03)