


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # 760614
 1. Entity Name
 FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.



Principal Place of Business Mailing Address
 5000 W OAKLAND PARK BLVD 5000 W OAKLAND PARK BLVD
 MEDICAL STAFF OFFICE MEDICAL STAFF OFFICE
 FT LAUDERDALE, FL 33313 FT LAUDERDALE, FL 33313



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 59-2158389 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

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

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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 _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARRASQUILLA, CARLOS 4900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, STANLEY 3001 NW 49TH AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREEN ROBERT 3001 NW 49TH AVENUE FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/20/05-80049-004 61.25

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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. STANLEY M. FELDMAN, M.D. 1-12-05 954-730-2700

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #