


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90020 041 ****61.25

DOCUMENT # 760614					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03012007 Chg-NP CR2E037 (12/06) 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	
GREEN, ROBERT A MD 3001 NW 49TH AVE FT LAUDERDALE, FL 33313				Name <i>Robert A. Green, M.D.</i>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<i>3001 NW 49th Ave. #104</i>	
				City <i>Ft. Lauderdale, FL</i> FL Zip Code <i>33313</i>	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APARICIO, RAUL		NAME		
STREET ADDRESS	1212 E BROWARD BLVD, # 300		STREET ADDRESS	<i>4850 W. Oakland Park Blvd. # 136</i>	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301		CITY-ST-ZIP	<i>Fort Lauderdale, FL 33313</i>	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GREEN, ROBERT A		NAME		
STREET ADDRESS	3001 NW 49 TH AVE # 104		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRANKEL, JOEL		NAME		
STREET ADDRESS	2951 NW 49 AVE # 202		STREET ADDRESS	<i>Fort Lauderdale, FL 33313</i>	
CITY-ST-ZIP	TALLAHASSEE, FL 32313		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 exemptions contained in Chapter 119, 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: <i>Robert A. Green M.D.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Robert A. Green M.D</i>		Date <i>3-15-07</i> Daytime Phone # <i>954-730-2899</i>	

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