

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760614

FILED
Jan 04, 2011
Secretary of State

Entity Name: FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.

Current Principal Place of Business:

5000 W OAKLAND PARK BLVD
MEDICAL STAFF OFFICE
FT LAUDERDALE, FL 33313

New Principal Place of Business:

Current Mailing Address:

5000 W OAKLAND PARK BLVD
MEDICAL STAFF OFFICE
FT LAUDERDALE, FL 33313

New Mailing Address:

FEI Number: 59-2158389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKEL, JOEL MD
2951 NW 49TH AVE #202
FT LAUDERDALE, FL 33313 US

Name and Address of New Registered Agent:

FRANKEL, JOEL MD
2951 NW 49TH AVE
SUITE 202
FT LAUDERDALE, FL 33313 US

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: _____

Electronic Signature of Registered Agent

01/04/2011

Date

OFFICERS AND DIRECTORS:

Title: VPD
Name: APARICIO, RAUL M.D.
Address: 499 NW 70TH AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: TSD
Name: SCHWARTZ, ALAN M M.D.
Address: 8393 W. OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

Title: PD
Name: FRANKEL, JOEL
Address: 2951 NW 49 AVE # 202
City-St-Zip: FORT LAUDERDALE, FL 33313

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOEL FRANKEL, M.D.

PD

01/04/2011

Electronic Signature of Signing Officer or Director

Date