

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J19144** (1)

1. Corporation Name

**HOSPITAL MEDICAL STAFF SELF-INSURANCE TRUST, INC**



Principal Place of Business

Mailing Address

C/O ROLLINS HUDIG HALL OF FLORIDA, INC.  
201 ALHAMBRA CIR 8TH FLOOR  
CORAL GABLES FL 33134

C/O ROLLINS HUDIG HALL OF FLORIDA, INC.  
201 ALHAMBRA CIR 8TH FLOOR  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
**06/12/1986**

3a. Date of Last Report  
**02/14/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
**65-6002372**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVERETT, FRANCES B.  
C/O ROLLINS HUDIG HALL OF FLORIDA, INC.  
201 ALHAMBRA CIR 8TH FLOOR  
CORAL GABLES FL 33134

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
ST  
ALDRICH, JOSE J.  
2645 SW 37TH AVE.  
MIAMI FL

1.2 NAME  
1.3 STREET ADDRESS

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
D  
BAXTER, ALAN J  
10261 SW 128 ST  
MIAMI FL

2.2 NAME  
2.3 STREET ADDRESS

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
C  
SCHEINER, MONROE L.  
9000 CORAL REEF DR.  
MIAMI FL

3.2 NAME  
3.3 STREET ADDRESS

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
D  
NATEMAN, H. RICHARD  
8881 SW 107 AVE, STE. 212  
MIAMI FL

4.2 NAME  
4.3 STREET ADDRESS

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

5.2 NAME  
5.3 STREET ADDRESS

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS

6.2 NAME  
6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)