

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000001535

FILED
May 01, 2015
Secretary of State
CC0196812639

Entity Name: ENGLEWOOD COMMUNITY HOSPITAL MEDICAL STAFF FUND, INC.

Current Principal Place of Business:

700 MEDICAL BLVD
ENGLEWOOD, FL 34223

Current Mailing Address:

700 MEDICAL BLVD
ENGLEWOOD, FL 34223

FEI Number: 45-5281050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURTHA, CHRIS
2800 PLACIDA RD
SUITE 102
ENGLEWOOD, FL 34224 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: CHRIS MURTHA

05/01/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DP
Name JAMES, RAYMOND DO
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DV
Name DITOMASO, ANTHONY MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DST
Name DAVIS, CYNTHIA MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DEPARTMENT OF MEDICINE CHAIRMAN
Name VENKAT, RAMANAN MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DEPARTMENT OF MEDICINE VICE CHAIRMAN
Name GARROW, DONALD MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DEPARTMENT OF SURGERY CHAIRMAN
Name GUINDI, ASHRAF MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DEPARTMENT OF SURGERY VICE CHAIRMAN
Name LIPKIN, ADAM MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR
Name NOAH, JOSEPH MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223

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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: RAYMOND JAMES

DP

05/01/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GREENBERG, STUART MD
Address 700 MEDICAL BLVD
City-State-Zip: ENGLEWOOD FL 34223