

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000001535

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC3752515198**

**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:**

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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

\_\_\_\_\_  
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 D  
Name PFAHLER, KENNETH MD  
Address 700 MEDICAL BLVD  
City-State-Zip: ENGLEWOOD FL 34223

Title D  
Name WAYDE, JAMES MD  
Address 700 MEDICAL BLVD  
City-State-Zip: ENGLEWOOD FL 34223

*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 DO**

**PRESIDENT**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date