

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005536

Entity Name: DELRAY MEDICAL CENTER MEDICAL STAFF CORPORATION

Current Principal Place of Business:

5352 LINTON BLVD
DELRAY BEACH, FL 33484

Current Mailing Address:

5352 LINTON BLVD
DELRAY BEACH, FL 33484

FEI Number: 45-5520799

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEALE, DAVID AESQ
55 SE 2ND AVE
DELRAY BEACH, FL 33444 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 D
Name KOKINAKOS, CHRISTOS P. DO
Address C/O DELRAY MEDICAL CENTER MED
STAFF
5352 LINTON BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name TUMMINIA, LOUIS G. DO
Address C/O DELRAY MEDICAL CENTER MED
STAFF
5352 LINTON BLVD.
City-State-Zip: DELRAY BEACH FL 33484

Title D
Name BLUMOF, KARIN A. MD
Address C/O DELRAY MEDICAL CENTER MED
STAFF
5352 LINTON BLVD.
City-State-Zip: DELRAY BEACH FL 33484

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: CHRISTOS P. KOKINAKOS

D

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date