

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005536

**Entity Name:** DELRAY MEDICAL CENTER MEDICAL STAFF CORPORATION

**FILED**  
**Apr 27, 2016**  
**Secretary of State**  
**CC7270428410**

**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 RANDHAWA, RAVINDER S. DO  
Address C/O DELRAY MEDICAL CENTER MED STAFF  
5352 LINTON BLVD.  
City-State-Zip: DELRAY BEACH FL 33484

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 KAVURI, MRUNALINI 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: RAVINDER S. RANDHAWA**

**DO**

**04/27/2016**

Electronic Signature of Signing Officer/Director Detail

Date