

**2019 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:**

DUNN, ELIZABETH A CPA  
1001 YAMATO ROAD  
#100  
BOCA RATON, FL 33431 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:** ELIZABETH A DUNN

04/29/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                                                          |                 |                                                          |
|-----------------|----------------------------------------------------------|-----------------|----------------------------------------------------------|
| Title           | D                                                        | Title           | D                                                        |
| Name            | KOKINAKOS, CHRISTOS P. DO                                | Name            | TUMMINIA, LOUIS G. DO                                    |
| Address         | C/O DELRAY MEDICAL CENTER MED STAFF<br>5352 LINTON BLVD. | Address         | C/O DELRAY MEDICAL CENTER MED STAFF<br>5352 LINTON BLVD. |
| City-State-Zip: | DELRAY BEACH FL 33484                                    | City-State-Zip: | DELRAY BEACH FL 33484                                    |
| Title           | D                                                        |                 |                                                          |
| Name            | BLUMOFFE, KARIN A. MD                                    |                 |                                                          |
| Address         | C/O DELRAY MEDICAL CENTER MED STAFF<br>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:** KOKINAKOS , CHRISTOS P. , DO

D

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date