

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005945

**FILED**  
**Jul 05, 2017**  
**Secretary of State**  
**CC6733143240**

**Entity Name:** CHARLOTTE REGIONAL MEDICAL CENTER MEDICAL STAFF, INC.

**Current Principal Place of Business:**

701 JC CENTER COURT STE 7  
PORT CHARLOTTE, FL 33954

**Current Mailing Address:**

701 JC CENTER COURT STE 7  
PORT CHARLOTTE, FL 33954 US

**FEI Number:** 45-5531779

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DAVIS, MARK P  
701 JC CENTER COURT STE 7  
MEDICAL STAFF OFFICE  
PORT CHARLOTTE , FL 33954 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:** MARK DAVIS

07/05/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name DAVIS, MARK  
Address 701 JC CENTER COURT STE 7  
City-State-Zip: PORT CHARLOTTE FL 33954

*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:** MARK DAVIS

D

07/05/2017

Electronic Signature of Signing Officer/Director Detail

Date