

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000010974

**Entity Name:** LAKEWOOD RANCH MEDICAL CENTER MEDICAL STAFF, INC.

**Current Principal Place of Business:**

8330 LAKEWOOD RANCH BLVD.  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8330 LAKEWOOD RANCH BLVD.  
LAKEWOOD RANCH, FL 34202

**FEI Number:** 46-4861050

**Certificate of Status Desired:** No

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

FRIAS, FEDERICO  
8330 LAKEWOOD RANCH BLVD.  
LAKEWOOD RANCH, FL 34202 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 C  
Name SUDBURY, AARON MD  
Address 8330 LAKEWOOD RANCH BLVD.  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title VC  
Name LAMAR, DANIEL MD  
Address 8330 LAKEWOOD RANCH BLVD.  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title S/T  
Name FRIAS, FEDERICO MD  
Address 8330 LAKEWOOD RANCH BLVD.  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** FEDERICO FRIAS

**SECRETARY-TREASURER** 03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date