

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004220

**Entity Name:** BHCS MEDICAL STAFF INC**Current Principal Place of Business:**3000 CORAL HILLS DRIVE  
ATTN: MEDICAL STAFF  
CORAL SPRINGS, FL 33065**Current Mailing Address:**3000 CORAL HILLS DRIVE  
ATTN: MEDICAL STAFF  
CORAL SPRINGS, FL 33065 US**FEI Number: 81-2414138****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SHUSTERMAN, DONALD  
9711 LEMONWOOD WAY  
BOYNTON BEACH, FL 33437 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	PRESIDENT
Name	PENATE, ISRAEL DR.
Address	3000 CORAL HILLS DRIVE ATTN: MEDICAL STAFF
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	PESTANA, TATIANA A DR.
Address	3000 CORAL HILLS DRIVE ATTN: MEDICAL STAFF
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREASURER
Name	FELDMAN, MITCHELL DR.
Address	3000 CORAL HILLS DRIVE ATTN: MEDICAL STAFF
City-State-Zip:	CORAL SPRINGS FL 33065

*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: ISRAEL PENATE****CHIEF OF STAFF****01/20/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date