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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760614** (8)

1. Corporation Name

FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.

Principal Place of Business 5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE FL 33313	Mailing Address 5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE FL 33313
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3. Date Incorporated or Qualified

11/03/1981

4. FEI Number

59-2158389

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORENSTEIN, ALAN M.D.
3001 N.W. 49TH AVENUE
FT LAUDERDALE FL 33313**

81 Name

STANLEY M. FELDMAN, M.D.

82 Street Address (P.O. Box Number is Not Acceptable)

3001 N.W. 49TH AVENUE

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Stanley M. Feldman
Signature typed or printed name of registered agent and title if applicable.

STANLEY M. FELDMAN, M.D. JANUARY 6, 1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☒ DELETE

NAME **BORENSTEIN, ALAN**
STREET ADDRESS **3001 N.W. 49TH AVENUE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **VPD** ☐ DELETE

NAME **FELDMAN, STANLEY**
STREET ADDRESS **3001 NW 49TH AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **STD** ☐ DELETE

NAME **GREEN ROBERT**
STREET ADDRESS **2951 N.W. 49TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition

1.2 NAME **FELDMAN, STANLEY M.**
1.3 STREET ADDRESS **3001 N.W. 49TH AVENUE**
1.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33313**

2.1 TITLE **VPD** ☒ Change ☐ Addition

2.2 NAME **GREEN, ROBERT**
2.3 STREET ADDRESS **2951 N.W. 49TH AVE.**
2.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33313**

3.1 TITLE **STD** ☒ Change ☒ Addition

3.2 NAME **FRANKEL, JOEL**
3.3 STREET ADDRESS **2951 N.W. 49TH AVENUE**
3.4 CITY-ST-ZIP **FT. LAUDERDALE, FL 33313**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Stanley M. Feldman
STANLEY M. FELDMAN, M.D. 1/6/98 739-9494

CR2E037 (10/97)