

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 760614**

1. Entity Name

FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.

Principal Place of Business

Mailing Address

**5000 W OAKLAND PARK BLVD
MEDICAL STAFF OFFICE
FT LAUDERDALE FL 33313****5000 W OAKLAND PARK BLVD
MEDICAL STAFF OFFICE
FT LAUDERDALE FL 33313-1503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2158389Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**FELDMAN, STANLEY M MD
3001 NW 49TH AVE
FT LAUDERDALE FL 33313**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	FRANKEL, JOEL	
STREET ADDRESS	2951 NW 49TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33313	

TITLE	DP	<input type="checkbox"/> Delete
NAME	FELDMAN, STANLEY	
STREET ADDRESS	3001 NW 49TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GREEN ROBERT	
STREET ADDRESS	2951 N.W. 49TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90008 007 ****61.25



DO NOT WRITE IN THIS SPACE

01-20-00 954-730-2701