

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90021 031 ****61.25

DOCUMENT # 760614

1. Entity 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

94006120



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2158389

Applied For
Not Applicable

Zip

Country

Zip

Country

5. 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

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

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
FRANKEL, JOEL ☒ Delete
2951 NW 49TH AVE
FT LAUDERDALE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
CARRASQUILLA, CARLOS ☒ Change ☒ Addition
4900 W. Oakland Park Blvd.
FT. LAUDERDALE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
FELDMAN, STANLEY ☐ Delete
3001 NW 49TH AVE
FT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
GREEN ROBERT ☐ Delete
3001 NW 49TH AVENUE
FT. LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Stanley M. Feldman

STANLEY M. FELDMAN, M.D. 1-12-04 954-730-2701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #