

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

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**



01062005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-2158389

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARRASQUILLA, CARLOS 4900 W OAKLAND PARK BLVD FORT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FELDMAN, STANLEY 3001 NW 49TH AVE FT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GREEN ROBERT 3001 NW 49TH AVENUE FT. LAUDERDALE, FL
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IN THIS SPACE**

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 M.D.* **STANLEY M. FELDMAN, M.D.** **1-12-05** **954-730-2704**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #