


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90020 041 \*\*\*\*61.25

<b>DOCUMENT # 760614</b> 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREEN, ROBERT A MD 3001 NW 49TH AVE FT LAUDERDALE, FL 33313				Name <u>Robert A. Green, M.D.</u>	
				Street Address (P.O. Box Number is Not Acceptable)	
				<u>3001 NW 49th Ave. #104</u>	
				City <u>Ft. Lauderdale, FL</u> Zip Code <u>33313</u>	
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 _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 APARICIO, RAUL 1212 E BROWARD BLVD, # 300 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<u>4850 W. Oakland Park Blvd. #136</u>	<u>Fort Lauderdale, FL 33313</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GREEN, ROBERT A 3001 NW 49 TH AVE # 104 FORT LAUDERDALE, FL 33313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRANKEL, JOEL 2951 NW 49 AVE # 202 TALLAHASSEE, FL 32313	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<u>Fort Lauderdale, FL 33313</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Robert A. Green, M.D.</u> <u>3-15-07</u> <u>954-730-2899</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Chief of Staff</u> Date _____ Daytime Phone # _____					

40039310



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-2158389

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

7. Name and Address of New Registered Agent  
Name Robert A. Green, M.D.  
Street Address (P.O. Box Number is Not Acceptable)  
3001 NW 49th Ave. #104  
City Ft. Lauderdale, FL Zip Code 33313

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
☒ Change ☐ Addition  
4850 W. Oakland Park Blvd. #136  
Fort Lauderdale, FL 33313

☒ Change ☐ Addition  
Fort Lauderdale, FL 33313

☐ Change ☐ Addition

3-15-07 954-730-2899