


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90086 040 \*\*\*\*61.25

<b>DOCUMENT # 760614</b> 1. Entity Name <b>FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.</b>					
Principal Place of Business <b>5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE, FL 33313</b>			Mailing Address <b>5000 W OAKLAND PARK BLVD MEDICAL STAFF OFFICE FT LAUDERDALE, FL 33313</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		01072008 Chg-NP CR2E037 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>59-2158389</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>GREEN, ROBERT A MD 3001 NW 49TH AVE STE 104 FT LAUDERDALE, FL 33313</b>			7. Name and Address of New Registered Agent Name <b>Frankel, Joel MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2951 NW 49 Ave. #202</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33313</b>		
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  <b>Joel Frankel, MD, Chief of Staff</b> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD APARICIO, RAUL 4850 W OAKLAND PARK BLVD #136 FORT LAUDERDALE, FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP GREEN, ROBERT A 3001 NW 49 TH AVE # 104 FORT LAUDERDALE, FL 33313</b> <input checked="" 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	<b>VPD FRANKEL, JOEL 2951 NW 49 AVE # 202 FORT LAUDERDALE, FL 33313</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <input checked="" 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	<b>STD Schwartz, Alan M. 8393 W. Oakland Park Blvd. Sunrise, FL 33351</b> <input type="checkbox"/> Change <input checked="" 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		
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:  <b>Joel Frankel, MD</b> <b>1-08-08 954.730-2899</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					