

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760614

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** FLORIDA MEDICAL CENTER MEDICAL STAFF, INC.

**Current Principal Place of Business:**

5000 W OAKLAND PARK BLVD  
MEDICAL STAFF OFFICE  
FT LAUDERDALE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

5000 W OAKLAND PARK BLVD  
MEDICAL STAFF OFFICE  
FT LAUDERDALE, FL 33313

**New Mailing Address:**

**FEI Number:** 59-2158389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANKEL, JOEL MD  
2951 NW 49TH AVE #202  
FT LAUDERDALE, FL 33313 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: VPD ( ) Delete  
Name: APARICIO, RAUL  
Address: 4850 W OAKLAND PARK BLVD #136  
City-St-Zip: FORT LAUDERDALE, FL 33313

Title: TSD ( ) Delete  
Name: SCHWARTZ, ALAN M  
Address: 8393 W. OAKLAND PARK BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33351

Title: PD ( ) Delete  
Name: FRANKEL, JOEL  
Address: 2951 NW 49 AVE # 202  
City-St-Zip: FORT LAUDERDALE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL FRANKEL, M.D.

PD

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date