2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2010
Secretary of State

DOCUMENT# 762162

Entity Name: NORTHWEST MEDICAL CENTER MEDICAL STAFF, INC.

Current Principal Place of Business:

2801 N. STATE ROAD 7
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

2801 N. STATE ROAD 7
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 59-2125659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIEF, MATTHEW M.D.
2801 N. STATE ROAD 7
MARGATE, FL 33063 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: ST
Name: LEIF, MATTHEW MD
Address: 2801 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

Title: P
Name: GACH, PETER M.D.
Address: 2801 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

Title: VP
Name: WEINER, DOUGLAS M.D.
Address: 2801 N. STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW LIEF D 03/10/2010

Electronic Signature of Signing Officer or Director Date