

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 19 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771059 (3)
 1. Corporation Name
BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.



Principal Place of Business 789 W LUMSDEN BRANDON FL 33511	Mailing Address 789 W LUMSDEN BRANDON FL 33511
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1983	3a. Date of Last Report 02/16/1996
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2162756	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ISHAK, SALEM
 503 EICHENFELD DR.
 SUITE 104
 BRANDON FL 33511**

10. Name and Address of New Registered Agent
 81 Name **Michael Foley MD** *ATTN: Medical Staff Coordinator*
 82 Street Address (P.O. Box Number is Not Acceptable) ~~THOMAS DAVISON~~
~~500 VONDERBURG DR SUITE 214W~~
119 OAKFIELD DRIVE
 84 City **Brandon** *BRANDON* FL 85 Zip Code **33511**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Michael Foley MD* **8-14-97**
 Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	ST	<input checked="" type="checkbox"/>
NAME	ISHAK, SALEM	
STREET ADDRESS	503 EICHENFELD DR., STE. 104	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	LORCH, DANIEL	
STREET ADDRESS	910 OAKFIELD DR., STE. 102	
CITY-ST-ZIP	BRANDON FL	
TITLE	VD	<input type="checkbox"/>
NAME	DAVIDSON, THOMAS	
STREET ADDRESS	500 VONDERBURG STE. 214 W.	
CITY-ST-ZIP	BRANDON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE	ST	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	MICHAEL FOLEY MD <i>ATTN: Med Staff Coordinator</i>		
1.3 STREET ADDRESS	9204 KING PALM DR 119 OAKFIELD DRIVE		
1.4 CITY-ST-ZIP	TAMPA FL 33619 BRANDON FL 33511		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	JOHN BUTTERICK MD		
2.3 STREET ADDRESS	908 S. PARSONS AVE SUITE D		
2.4 CITY-ST-ZIP	BRANDON FL 33511		
3.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	THOMAS DAVISON MD		
3.3 STREET ADDRESS	500 VONDERBURG DR SUITE 214W		
3.4 CITY-ST-ZIP	BRANDON, FL 33511		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael Foley MD* **8-14-97**
 SIGNATURE REQUIRED MA

CFR2E037 (4/97)