


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>789 W LUMSDEN BRANDON FL 33511</b>	Mailing Address <b>789 W LUMSDEN BRANDON FL 33511</b>
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3. Date Incorporated or Qualified

**11/02/1983**

4. FEI Number

**59-2162756**

Applied For  
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL FOLEY MD  
ATTN: MEDICAL STAFF COORDINATOR  
119 OAKFIELD DR  
BRANDON FL 33511**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	<b>MICHAEL FOLEY, MD ATTN: MED S</b>	
STREET ADDRESS	<b>119 OAKFIELD DR</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>BUTTERICK, JOHN</b>	
STREET ADDRESS	<b>908 S PARSONS AVE STE D</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>THOMAS DAVISON, M.D.</b>	
STREET ADDRESS	<b>500 VONDERBURG STE. 214 W.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>THOMAS HOOKER</b>	
1.3 STREET ADDRESS	<b>910 OAKFIELD DR. #102</b>	
1.4 CITY-ST-ZIP	<b>BRANDON FL 33511</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

*[Signature]* Clerk of Staff 4-1-98

CR2E037 (10/97)