

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90007 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 771059

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



2. Principal Place of Business

21 **119 Oakfield Drive**

2a. Mailing Address

26 **same**

3. Date Incorporated or Qualified

11/02/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2162756

Applied For
 Not Applicable

City & State

23 **Brandon FL**

City & State

28

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

24 **33511 Hillsborough**

Country

Zip Country

29

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **Donald Durrance, M.D.**
 82 Street Address (P.O. Box Number is Not Acceptable) **ATTN: Medical Staff Coordinator**
 83 **119 Oakfield Drive**
 84 City **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 **Donald Durrance, M.D.** DATE **7/21/99**

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HOOVER, THOMAS	
STREET ADDRESS	910 OAKFIELD DR #102	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BUTTERICK, JOHN	
STREET ADDRESS	908 S PARSONS AVE STE D	
CITY-ST-ZIP	BRANDON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS DAVISON, M.D.	
STREET ADDRESS	500 VONDERBURG STE. 214 W.	
CITY-ST-ZIP	BRANDON FL	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	PD
1.2 NAME	Donald Durrance, M.D.
1.3 STREET ADDRESS	119 Oakfield Drive
1.4 CITY-ST-ZIP	Brandon FL 33511
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 with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **07-21-99** Daytime Phone # **813-681-0522**

CR2E037 (5/99)