

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

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

24 33511

Country

25 Hillsborough

Zip

29

Country

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.

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

(NOTE: Registered Agent signature required when reinstating)

DATE 7/21/99

12. OFFICERS AND DIRECTORS

TITLE
NAME ST
HOOKER, THOMAS
STREET ADDRESS 910 OAKFIELD DR #102
CITY-ST-ZIP BRANDON FL 33511
☒ DELETE

TITLE
NAME VD
BUTTERICK, JOHN
STREET ADDRESS 908 S PARSONS AVE STE D
CITY-ST-ZIP BRANDON FL
☐ DELETE

TITLE
NAME D
THOMAS DAVISON, M.D.
STREET ADDRESS 500 VONDERBURG STE. 214 W.
CITY-ST-ZIP BRANDON FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME PD
1.3 STREET ADDRESS Donald Durrance, M.D.
1.4 CITY-ST-ZIP 119 Oakfield Drive
Brandon FL 33511
☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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 my address with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-21-99 813-681-0522

Date

Daytime Phone #

CR2E037 (5/99)