

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90022 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 771059**  
 1. Entity Name  
**BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.**

Principal Place of Business      Mailing Address  
 119 OAKFIELD DR      119 OAKFIELD DR  
 BRANDON FL 33511      BRANDON FL 33511

2. Principal Place of Business      3. Mailing Address  
**119 Oakfield Drive**      **same**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Brandon FL**  
 Zip      Country      Zip      Country  
**33511**      **Hillsborough**

4. FEI Number      Applied For  
**59-2162756**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DURRANCE, MD, DONALD**  
**ATTN: MEDICAL STAFF COORDINATOR**  
**119 OAKFIELD DR**  
**BRANDON FL 33511**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DURRANCE, MD, DONALD	
STREET ADDRESS	119 OAKFIELD DR	
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 checked="" 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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wayne S. Blocker, MD	
STREET ADDRESS	119 oakfield DR	
CITY-ST-ZIP	Brandon FL 33511	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Ruffolo, DO.	
STREET ADDRESS	119 oakfield DR	
CITY-ST-ZIP	-Brandon FL 33511	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **9-06-00**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (5/00)