

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 771059

1. Entity Name

BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.

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

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

Principal Place of Business

119 OAKFIELD DR
BRANDON FL 33511

Mailing Address

119 OAKFIELD DR
BRANDON FL 33511

2. Principal Place of Business

119 Oakfield Drive

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Zip

Country

33511 Hillsborough

Zip

Country

4. FEI Number

59-2162756

Applied For

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

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

(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	Wayne S. Blocker, MD	<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	Robert Ruffolo, DO.	<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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-06-00

Date

Daytime Phone #

CR2E037 (5/00)