

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90025 034 \*\*\*\*61.25

**DOCUMENT # 771059**

1. Entity Name

**BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.**

Principal Place of Business <b>119 OAKFIELD DR BRANDON FL 33511</b>	Mailing Address <b>119 OAKFIELD DR BRANDON FL 33511</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number <b>59-2162756</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE


**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: **Blocker, Wayne**  
 Street Address (P.O. Box Number is Not Acceptable): **Attn: Medical Staff Coordinator**  
**119 Oakfield Dr.**  
 City: **Brandon** State: **FL** Zip Code: **33511**

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:  **Wayne D. Blocker, R**  
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**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>DURRANCE, MD, DONALD</b> <b>119 OAKFIELD DR</b> <b>BRANDON FL 33511</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BUTTERICK, JOHN</b> <b>303 BRYAN ROAD SUITE 4</b> <b>BRANDON FL 33511</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLOCKER, WAYNE S MD</b> <b>407 N PARSONS AVENUE</b> <b>BRANDON FL 33511</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RUFFOLO, ROBERT DO</b> <b>119 OAKFIELD DRIVE</b> <b>BRANDON FL 33511</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>error</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P-D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>William Davison</del> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Davison, William</b> <b>119 Oakfield DR.</b> <b>Brandon FL 33511</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  **Wayne D. Blocker, R**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)