

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90075 048 ****61.25

DOCUMENT # 771059

1. Entity Name
BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.



Principal Place of Business
**119 OAKFIELD DR
BRANDON, FL 33511**

Mailing Address
**119 OAKFIELD DR
BRANDON, FL 33511**

01212004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004 Chg-NP

CR2E037 (10/03)

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

**BLOCKER, WAYNE
ATTN: MEDICAL STAFF COORDINATOR
119 OAKFIELD DR
BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name **William Davison, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
**ATTN: Medical Staff Coordinator
119 Oakfield Drive
Brandon FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DURRANCE, MD, DONALD**
STREET ADDRESS **119 OAKFIELD DR**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **PD** ☐ Delete
NAME **BLOCKER, WAYNE S MD**
STREET ADDRESS **407 N PARSONS AVENUE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **T** ☐ Delete
NAME **RUFFOLO, ROBERT DO**
STREET ADDRESS **119 OAKFIELD DRIVE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE **VD** ☒ Delete
NAME **DAVISON, WILLIAM**
STREET ADDRESS **119 OAKFIELD DRIVE**
CITY-ST-ZIP **BRANDON, FL 33511**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **M.D. Chief of Staff** ☒ Change ☐ Addition
NAME **William Davison, MD**
STREET ADDRESS **119 Oakfield Dr.**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **D.O., Vice Chief** ☒ Change ☐ Addition
NAME **Robert Ruffolo**
STREET ADDRESS **119 Oakfield Dr.**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **Treasurer, M.D.** ☒ Change ☐ Addition
NAME **David Epstein**
STREET ADDRESS **119 Oakfield Dr.**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

1/27/04 813 5113