


**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**

**J4001303**



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 <b>59-2162756</b>	Applied For Not Applicable
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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**  
 City **Brandon** 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. 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 NAME STREET ADDRESS CITY-ST-ZIP	D DURRANCE, MD, DONALD 119 OAKFIELD DR BRANDON, FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOCKER, WAYNE S MD 407 N PARSONS AVENUE BRANDON, FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUFFOLO, ROBERT DO 119 OAKFIELD DRIVE BRANDON, FL 33511 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVISON, WILLIAM 119 OAKFIELD DRIVE BRANDON, FL 33511 <input checked="" 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	M.D. Chief of Staff <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Davison, MD 119 Oakfield Dr. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.O., Vice Chief <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Robert Ruffolo 119 Oakfield Dr. Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer, M.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Epstein 119 Oakfield Dr Brandon, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input 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:** \_\_\_\_\_ **1/27/04** **813-571-5113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #