


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2006 8:00 am**  
**Secretary of State**

06-22-2006 90001 010 \*\*\*\*61.25

<b>DOCUMENT # 771059</b> 1. Entity Name <b>BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.</b>					
Principal Place of Business <b>119 OAKFIELD DR BRANDON, FL 33511</b>			Mailing Address <b>119 OAKFIELD DR BRANDON, FL 33511</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-2162756</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>DAVISON, WILLIAM M.D. ATTN: MEDICAL STAFF COORDINATOR 119 OAKFIELD DR BRANDON, FL 33511</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
<b>100 Vice Chief - Elect</b> DAVISON, WILLIAM M.D. 119 OAKFIELD DR BRANDON, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>100 Chief of Staff</b> RUFFOLO, ROBERT 119 OAKFIELD DR BRANDON, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>T Saed, Jarrukh</b> 119 OAKFIELD DRIVE BRANDON, FL 33511	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date: <b>6/19/06</b> Daytime Phone #: <b>813</b>					