


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2007 8:00 am**  
**Secretary of State**

02-07-2007 90031 030 \*\*\*\*70.00

<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>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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40010195



01232007 Chg-NP CR2E037 (12/06)

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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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	
<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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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, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
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**\$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>VC DAVISON, WILLIAM M.D. 119 OAKFIELD DR BRANDON, FL 33511</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>C RUFFOLO, ROBERT 119 OAKFIELD DR BRANDON, FL 33511</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T LATIF, HAMIO 119 OAKFIELD DRIVE BRANDON, FL 33511</b>	<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
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		<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	<b>Treasurer Farrukh Saeed, M.D. 119 Oakfield Drive Brandon, FL 33511</b>	<input type="checkbox"/> Change <input checked="" 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
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 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 _____	Daytime Phone # _____
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Ruffolo, M.D.