


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90030 027 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # 771059</b><br>1. Entity Name<br><b>BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>119 OAKFIELD DR<br/>BRANDON, FL 33511</b>   |  |   | Mailing Address<br><b>119 OAKFIELD DR<br/>BRANDON, FL 33511</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #  |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.   |   |   |  |
| City & State  |  | City & State  |   |   |  |
| Zip   | Country  | Zip   | Country   |   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>DAVISON, WILLIAM M.D.<br/>ATTN: MEDICAL STAFF COORDINATOR<br/>119 OAKFIELD DR<br/>BRANDON, FL 33511</b>  |  |   |   | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.   |  |   |   | 4. FEI Number<br><b>59-2162756</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | Applied For<br>Not Applicable   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| <b>Make check payable to Florida Department of State</b>  |  |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>    |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VC<br>DAVISON, WILLIAM M.D.<br>119 OAKFIELD DR<br>BRANDON, FL 33511 <input type="checkbox"/> Delete        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | C William Davison, MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>119 Oakfield Drive<br>Brandon, FL 33511 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | C RUFFOLO, ROBERT <input checked="" type="checkbox"/> Delete<br>119 OAKFIELD DR<br>BRANDON, FL 33511       |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | VC Andrew Daley, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>119 Oakfield Drive<br>Brandon, FL 33511   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T SAEED, MD, FARRUKH <input checked="" type="checkbox"/> Delete<br>119 OAKFIELD DRIVE<br>BRANDON, FL 33511 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | T Chris Nussbaum, MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>119 Oakfield Drive<br>Brandon, FL 33511  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |   |   |  |
| <b>SIGNATURE:</b> _____   |  |   | 2/9/08 (813) 571-5114   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   | Date Daytime Phone #  |   |  |