

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 07, 2009
Secretary of State**

DOCUMENT# 771059

Entity Name: BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.

Current Principal Place of Business:

119 OAKFIELD DR
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

119 OAKFIELD DR
BRANDON, FL 33511

New Mailing Address:

FEI Number: 59-2162756 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVISON, WILLIAM M.D.
ATTN: MEDICAL STAFF COORDINATOR
119 OAKFIELD DR
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: DAVISON, WILLIAM M.D.
Address: 119 OAKFIELD DR
City-St-Zip: BRANDON, FL 33511

Title: VC () Delete
Name: DALEY, ANDREW MD
Address: 119 OAKFIELD DR
City-St-Zip: BRANDON, FL 33511

Title: T () Delete
Name: NUSSBAUM, CHRIS MD
Address: 119 OAKFIELD DRIVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. DAVISON, MD

C

05/07/2009

Electronic Signature of Signing Officer or Director

_____ Date