

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771059

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**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 ( )**

**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:**

DALEY, ANDREW M.D.  
ATTN: MEDICAL LIBRARIAN  
119 OAKFIELD DR  
BRANDON, FL 33511 US

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: ANDREW DALEY, MD

01/06/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: DALEY, ANDREW M.D.  
Address: 119 OAKFIELD DR  
City-St-Zip: BRANDON, FL 33511

Title: VC  
Name: ZANCHI, DRAGOS MD  
Address: 119 OAKFIELD DR  
City-St-Zip: BRANDON, FL 33511

Title: TREA  
Name: KHAN, FAISAL MD  
Address: 119 OAKFIELD DRIVE  
City-St-Zip: BRANDON, FL 33511

I hereby 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 all other like empowered.

SIGNATURE: ANDREW DALEY, MD

C

01/06/2010

Electronic Signature of Signing Officer or Director

Date