


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90185 049 ****61.25

0042784

DOCUMENT # 771059
1. Entity Name
BRANDON COMMUNITY HOSPITAL MEDICAL STAFF, INC.



Principal Place of Business
**119 OAKFIELD DR
BRANDON FL 33511**

Mailing Address
**119 OAKFIELD DR
BRANDON FL 33511**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2162756**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**BLOCKER, WAYNE
ATTN: MEDICAL STAFF COORDINATOR
119 OAKFIELD DR
BRANDON FL 33511**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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	D DURRANCE, MD, DONALD 119 OAKFIELD DR BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOCKER, WAYNE S MD 407 N PARSONS AVENUE BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RUFFOLO, ROBERT DO 119 OAKFIELD DRIVE BRANDON FL 33511	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVISON, WILLIAM 119 OAKFIELD DRIVE BRANDON FL 33511	<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		<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
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 exemption stated in Section 119.07(3)(i), 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: **SIGNATURE** _____ DATE: **5/14/03** DAYTIME PHONE #: **813 571 5113**

CR2E037 (10/02)