


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90273 023 ***150.00

DOCUMENT # J19144		
1. Entity Name. HOSPITAL MEDICAL STAFF SELF-INSURANCE TRUST, INC		
Principal Place of Business C/O AON RISK SERVICES, INC. OF FLORID 1001 BRICKELL BAY DR., SUITE 1100 MIAMI FL 33131		Mailing Address C/O AON RISK SERVICES, INC. OF FLORID 1001 BRICKELL BAY DR., SUITE 1100 MIAMI FL 33131



MOORE CR2E034 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-6002372		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent AON RISK SERVICES, INC. OF FLORIDA 1001 BRICKELL BAY DR. SUITE 1100 MIAMI FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	ST	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDRICH, JOSE J.			NAME			
STREET ADDRESS	2645 SW 37TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAXTER, ALAN J			NAME			
STREET ADDRESS	10261 SW 128 ST			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHEINER, MONROE L.			NAME			
STREET ADDRESS	9000 CORAL REEF DR.			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04 305-856-5733

Date

Daytime Phone #