


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 20, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000749 1. Entity Name PALMETTO MEDICAL STAFF FUND, INC.	
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Principal Place of Business 2001 W. 68TH STREET HIALEAH, FL 33016	Mailing Address MEDICAL STAFF OFFICE 2001 W 68TH STREET HIALEAH, FL 33016
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01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0974734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISH, P.A, MICHAEL K 7700 N. KENDALL DRIVE, SUITE 503 MIAMI, FL 33156	DO NOT WRITE IN THIS SPACE
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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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GAMEZ, JOSE MD 2001 W. 68 STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BECERRA, JOSE DR 2001 W. 68 STREET HIALEAH, FL 33016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LANCET, FREDRICK C 2001 W. 68TH STREET HIALEAH, FL 33016
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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.

SIGNATURE:  FREDERICK C. LANCET	4/06/07	305-364-2145
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>