


8/28/2008-90001-034-\$61.25-\$61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

2008 SEP 16 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000001087 1. Entity Name RAULERSON HOSPITAL MEDICAL STAFF, INC.	
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Principal Place of Business 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972	Mailing Address 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-NP CR2E037 (4/06)

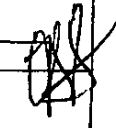
4. FEI Number 65-1104247	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LIDIA, LILIA D M.D. 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$61.25 Due by September 12, 2008	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	PO KHAN, SAEED MD 2257 HWY 441 N, STE. A OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAKOOR, ARIF M.D. 265 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LADIA, LILIA D M.D. 210 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHMED, IQBAL 202 N.E. 19TH DRIVE OKEECHOBEE, FL 34972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____  Date: 9/10/08 Daytime Phone # _____

IQBAL AHMED