2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N01000001087

Entity Name: RAULERSON HOSPITAL MEDICAL STAFF, INC.

Current Principal Place of Business:

210 N.E. 19TH DRIVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

210 N.E. 19TH DRIVE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 65-1104247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIDIA, LILIA D M.D.
210 N.E. 19TH DRIVE
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KHAN, SAEED MD	
Address:	2257 HWY 441 N, STE. A	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:	STD	( ) Delete
Name:	SHAKOOR, ARIF M.D.	
Address:	265 N.E. 19TH DRIVE	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:	D	( ) Delete
Name:	LADIA, LILIA D M.D.	
Address:	210 N.E. 19TH DRIVE	
City-St-Zip:	OKEECHOBEE, FL 34972	
Title:	D	( ) Delete
Name:	AHMED, IQBAL	
Address:	202 N.E. 19TH DRIVE	
City-St-Zip:	OKEECHOBEE, FL 34972	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IQBAL AHMED M.D. 04/20/2009

Electronic Signature of Signing Officer or Director — Date