2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# N03000010911

Entity Name: LAWNWOOD MEDICAL CENTER MEDICAL STAFF FUND, INC.

Current Principal Place of Business:

C/O JOHN T. LANZA, M.D.
1801 SE HILLMOOR DRIVE, SUITE B-105
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

C/O JOHN T. LANZA, M.D.
1801 SE HILLMOOR DRIVE, SUITE B-105
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 03-0533664 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Change (X) Addition
Name: FLORES, GERALD
Address: 1801 SE HILLMOOR DRIVE, SUITE B105
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: D ( ) Change (X) Addition
Name: LANZA, JOHN T
Address: 1801 SE HILLMOOR DRIVE, SUITE B105
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: D ( ) Change (X) Addition
Name: DESAI, ANIL
Address: 1801 SE HILLMOOR DRIVE, SUITE B105
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: D ( ) Change (X) Addition
Name: GOYAL, AJAY
Address: 1801 SE HILLMOOR DRIVE, SUITE B105
City-St-Zip: PORT ST. LUCIE, FL 34952 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN T. LANZA D 03/15/2004

Electronic Signature of Signing Officer or Director — Date