
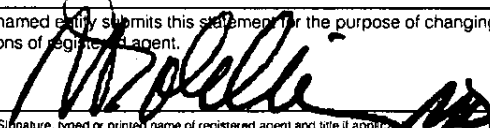
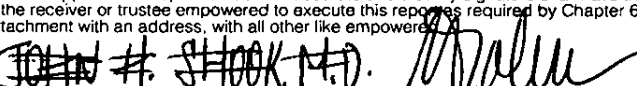


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90081 013 ****61.25

DOCUMENT # N06000002873					
1. Entity Name NORTH RIDGE HOSPITAL MEDICAL STAFF FUND, INC.					
Principal Place of Business 5757 NORTH DIXIE HIGHWAY FORT LAUDERDALE, FL 33334			Mailing Address 5757 NORTH DIXIE HIGHWAY FORT LAUDERDALE, FL 33334		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03142007 Chg-NP CR2E037 (12/06)	
4. FEI Number 20-4494518				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOLCHIN, STEVEN B 3864 SHERIDAN STREET HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 40%; text-align: right;"> 4/2/07 <small>DATE</small> </div> </div>					
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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME DOLCHIN, MICHAEL J M.D. STREET ADDRESS 5757 NORTH DIXIE HIGHWAY CITY-ST-ZIP FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME LAZAR, IRA M.D. STREET ADDRESS 5757 NORTH DIXIE HIGHWAY CITY-ST-ZIP FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BOE, STEWART M.D. STREET ADDRESS 5757 NORTH DIXIE HIGHWAY CITY-ST-ZIP FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME SHOOK, JOHN H. M.D. STREET ADDRESS 5757 NORTH DIXIE HIGHWAY CITY-ST-ZIP FORT LAUDERDALE, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MICHAEL J. DOLCHIN, M.D.			4/02/07 954-202-4804 Date Daytime Phone #		