2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 20, 2010
Secretary of State

DOCUMENT# N09000008530

Entity Name: MIDTOWN PHYSICIANS STAFF CORP

Current Principal Place of Business:

2299 9TH AVENUE NORTH
SUITE 3B
ST PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

2299 9TH AVENUE NORTH
SUITE 3B
ST PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 27-0844991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GILROY, PATRICIA A M D
2299 9TH AVENUE NORTH
SUITE 3B
ST PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

BURKE, KATHY
2299 9TH AVENUE NORTH
SUITE 3B
ST PETERSBURG, FL 33713 US

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: KATHY BURKE 02/20/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: E W HOSP, CHIEF OF MEDICAL STAFF
Address: 2299 9TH AVENUE NORTH, SUITE 3B
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: VP
Name: E W HOSP, VICE CHIEF OF MEDICAL STAFF
Address: 2299 9TH AVENUE NORTH, SUITE 3 B
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: T
Name: E W HOSP, TREASURER OF MEDICAL STAFF
Address: 2299 9TH AVENUE NORTH, SUITE 3B
City-St-Zip: ST PETESBURG, FL 33713 US

I hereby 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 all other like empowered.

SIGNATURE: KATHY BURKE RA 02/20/2010
Electronic Signature of Signing Officer or Director Date