

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED  
Feb 25, 2011  
Secretary of State

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:**

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

**Name and Address of New Registered Agent:**

GILROY, PATRICIA M D  
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: PATRICIA GILROY M D

02/25/2011

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: PATRICIA GILROY M D

T

02/25/2011

Electronic Signature of Signing Officer or Director

Date