

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 25, 2011
Secretary of State

Entity Name: SOUTH BAY HOSPITAL MEDICAL STAFF, INC.

Current Principal Place of Business:

4016 SUN CITY CENTER BLVD.
SUN CITY CENTER, FL 33573 US

New Principal Place of Business:

Current Mailing Address:

4016 SUN CITY CENTER BLVD.
SUN CITY CENTER, FL 33573 US

New Mailing Address:

FEI Number: 27-3672389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THACKER, RICKY L ESQ.
791 W. LUMSDEN RD.
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

FAIRBANK, CONSTANCE
4016 SUN CITY CENTER BLVD
SUN CITY CENTER, FL 33573 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: CONSTANCE FAIRBANK

02/25/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DHADUVAI, ASHOK MD
Address: 4016 SUN CITY CENTER BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP
Name: KSAIBATI, GHASSAN MD
Address: 4016 SUN CITY CENTER BLVD
City-St-Zip: SUN CITY CENTER, FL 33573

Title: ST
Name: ALKIRE, MARK MD
Address: 4016 SUN CITY CENTER BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGR
Name: RIAZUDEEN, SHAHUL MD
Address: 4016 SUN CITY CENTER BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGR
Name: VITKO, JULIE MD
Address: 4016 SUN CITY CENTER BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

Title: MGR
Name: PAOLA, ANGELO MD
Address: 4016 SUN CITY CENTER BLVD.
City-St-Zip: SUN CITY CENTER, FL 33573

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: ASHOK DHADUVAI, MD

P

02/25/2011

Electronic Signature of Signing Officer or Director

Date