

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000002904

FILED
Apr 25, 2012
Secretary of State

Entity Name: FAWCETT MEMORIAL HOSPITAL MEDICAL STAFF FUND, INC.

Current Principal Place of Business:

ATTN: CHIEF OF STAFF
21298 OLEAN BLVD
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

ATTN: CHIEF OF STAFF
21298 OLEAN BLVD
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT ST
PUNTA GORDA, FL 33950 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: D
Name: LUBINER, ERIC D.O.
Address: 22395 EDGEWATER DR
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: D
Name: JOSEPH, SOVI M.D.
Address: 3440 TAMiami TRAIL, SUITE 1
City-St-Zip: POT CHARLOTTE, FL 33952

Title: D
Name: BUNNING, KENNETH D.O.
Address: 21260 OLEAN BLVD, SUITE 202A
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ERIC LUBINER

D

04/25/2012

Electronic Signature of Signing Officer or Director

Date