

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004417

1. Entity Name LAWNWOOD HOSPITAL MEDICAL STAFF, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90061 033 ****61.25

Principal Place of Business Mailing Address

2011 South 25th Street
Office of Dr. Ezra Marshall
Ft. Pierce, FL 34947

821668

2. Principal Place of Business

same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country
St. Lucie

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Ezra M. Marshall, M.D.
2011 South 25th St.
Ft. Pierce, Fla. 34847

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.

SIGNATURE

N/A

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres. Perry R. Lloyd, M.D. ☐ Delete
NAME
STREET ADDRESS 2207 Sunrise Blv'd.
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V. Pres David L. Fromang, M.D. ☐ Delete
NAME
STREET ADDRESS 1912 Nebraska Ave.
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec'y. Nanjappa Subramanian, M.D. ☐ Delete
NAME
STREET ADDRESS 2215 Nebraska Ave.
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Treas Ezra M. Marshall, M.D. ☐ Delete
NAME
STREET ADDRESS 2011 South 25th St.
CITY-ST-ZIP Ft. Pierce, FL 34947

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Dir. Ramesh K. Nayyar, M.D. ☐ Delete
NAME
STREET ADDRESS 2580 Rhode Island Ave.
CITY-ST-ZIP Ft. Pierce, FL 34950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Ezra M. Marshall, M.D.

Ezra M. Marshall, M.D.

March 7, 2000

CR2E037 (9/99)