

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000015292

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** METROPOLITAN MEDICAL STAFF FUND, INC.

**Current Principal Place of Business:**

5959 NW 7TH STREET  
MEDICAL STAFF DEPT.  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

5959 NW 7TH STREET  
MEDICAL STAFF DEPT.  
MIAMI, FL 33126

**New Mailing Address:**

**FEI Number:** 20-4216521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAUL, VILA I M.D.  
5959 NW 7TH STREET  
MIAMI, FL 33126 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: P  
Name: RAUL, VILA I M.D.  
Address: 5959 NW 7TH STREET  
City-St-Zip: MIAMI, FL 33126

Title: ST  
Name: VILA, RAUL I M.D.  
Address: 5959 N.W. 7TH STREET, LABORATORY DEPT.  
City-St-Zip: MIAMI, FL 33126

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAUL I VILA

P

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date