

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000053

**Entity Name:** WEST PALM HOSPITAL MEDICAL STAFF, INC.

**Current Principal Place of Business:**

2201 45TH STREET  
WEST PALM BEACH, FL 33407-2047

**Current Mailing Address:**

2201 45TH STREET  
WEST PALM BEACH, FL 33407-2047 US

**FEI Number:** 27-4669142

**Certificate of Status Desired:** No

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

BECKLEY, SHARON F  
2201 45TH STREET  
WEST PALM BEACH, FL 33407 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:** SHARON F. BECKLEY

03/16/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SELTZER, PAUL DO  
Address 2201 45TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407-2047

Title V  
Name LOPEZ, BERTO MD  
Address P O BOX 222277  
City-State-Zip: WEST PALM BEACH FL 33422

Title TS  
Name SAGLIOCCA, GENNARO MD  
Address 2201 45TH STREET  
City-State-Zip: WEST PALM BEACH FL 33407-2047

*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:** GENNARO SAGLIOCCA

**TREASURER**

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date