

2015 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

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

05/06/2015

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

05/06/2015

Electronic Signature of Signing Officer/Director Detail

Date