

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

DOCUMENT# N11000010880

**Entity Name:** PLANTATION GENERAL MEDICAL STAFF INC.

**Current Principal Place of Business:**

401 NW 42 AVE  
PLANTATION, FL 33317

**Current Mailing Address:**

401 NW 42 AVE  
C/O DR. JOEL JANCKO  
PLANTATION, FL 33317 US

**FEI Number:** 45-4169564

**Certificate of Status Desired:** No

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

BERKOWITZ, CHAIM S  
17600 NE 7TH AVENUE  
MIAMI, FL 33162 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:** CHAIM S BERKOWITZ

05/02/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	VP
Name	JANCKO, JOEL DR.	Name	CHERN, ILYA DR.
Address	401 NW 42 AVE	Address	401 NW 42 AVE
City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317
Title	VP		
Name	ASTARITA, MICHELLE DR.		
Address	3663 SOUTH MIAMI AVE		
City-State-Zip:	MIAMI FL 33133		

*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:** ILYA CHERN

VP

05/02/2017

Electronic Signature of Signing Officer/Director Detail

Date