

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003624

**Entity Name:** MEDICAL STAFF OF PUTNAM COMMUNITY MEDICAL CENTER, INC.**FILED**  
**Apr 30, 2021**  
**Secretary of State**  
**0893397118CC****Current Principal Place of Business:**611 ZEAGLER DR.  
PALATKA, FL 32177**Current Mailing Address:**342 FLAMINGO BLVD  
INTERLACHEN, FL 32148 US**FEI Number: 82-1078642****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WYATT, DARREL  
342 FLAMINGO BLVD  
INTERLACHEN, FL 32148 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           KUMAR, RAMESH MD  
Address        611 ZEAGLER DR.  
City-State-Zip: PALATKA FL 32177

Title            VICE-PRESIDENT  
Name           HOOD, BOLD ROBIN III, M.D.  
Address        611 ZEAGLER DR.  
City-State-Zip: PALATKA FL 32177

Title            SECRETARY-TREASURER  
Name           WYATT, DARREL MD  
Address        342 FLAMINGO BLVD  
City-State-Zip: INTERLACHEN FL 32148

Title            DIRECTOR  
Name           O'LAUGHLIN, SABINE M.D.  
Address        611 ZEAGLER DR.  
City-State-Zip: PALATKA FL 32177

Title            DIRECTOR  
Name           ALNABKI, ZIAD MD  
Address        205 ZEAGLER DR.  
STE 101  
City-State-Zip: PALATKA FL 32177

Title            DIRECTOR  
Name           MILES, DAWN SHEPHARD DPM  
Address        320 ZEAGLER DR  
STE B  
City-State-Zip: PALATKA FL 32177

Title            DIRECTOR  
Name           SULLIVAN, JOSEPH WYNN DO  
Address        600 ZEAGLER DR  
City-State-Zip: PALATKA FL 32177

*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: DARREL WYATT****ST****04/30/2021**

Electronic Signature of Signing Officer/Director Detail

Date