

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000003624

**Entity Name:** MEDICAL STAFF OF PUTNAM COMMUNITY MEDICAL CENTER, INC.**FILED**  
**Mar 30, 2018**  
**Secretary of State**  
**CC0254984305****Current Principal Place of Business:**611 ZEAGLER DR.  
PALATKA, FL 32177**Current Mailing Address:**700 ZEAGLER DR.  
STE 9  
PALATKA, FL 32177 US**FEI Number: 82-1078642****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WYATT, DARREL  
700 ZEAGLER DR.  
STE 9  
PALATKA, FL 32177 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	ELDICK, MOUSTAFA MD
Address	899 SUMMIT ST
City-State-Zip:	CRESCENT CITY FL 32112

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

Title	SECRETARY-TREASURER
Name	WYATT, DARREL MD
Address	700 ZEAGLER DR. STE 9
City-State-Zip:	PALATKA FL 32177

Title	DIRECTOR
Name	HOOD, BOLD ROBIN III, MD
Address	611 ZEAGLER DR
City-State-Zip:	PALATKA FL 32177

Title	DIRECTOR
Name	SALZMAN, CHRIS MD
Address	414 ZEAGLER DR.
City-State-Zip:	PALATKA FL 32177

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

Title	DIRECTOR
Name	KALEEM, MOHAMMAD MD
Address	700 ZEAGLER DR STE 2
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****SECRETARY TREASURER 03/30/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date