

**2023 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N17000003624

**Entity Name:** MEDICAL STAFF OF PUTNAM COMMUNITY MEDICAL CENTER, INC.**FILED**  
**Aug 22, 2023**  
**Secretary of State**  
**6579930077CR****Current Principal Place of Business:**611 ZEAGLER DR.  
PALATKA, FL 32177**Current Mailing Address:**MEDICAL STAFF OF PCMC INC.,MEDICAL STAFF OFFICE  
HCA FLORIDA PUTNAM HOSPITAL 611 ZEAGLER DRIVE  
PALATKA, FL 32177 US**FEI Number: 82-1078642****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KURUVILLA, ANAND MATHAI VICE CHIEF OF STAFF  
MEDICAL STAFF OF PCMC, INC  
HCA FL PUTNAM HOSPITAL, 611 ZEAGLER DR. MEDICAL STAFF OFFICE  
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: ANAND MATHAI KURUVILLA, MD****08/22/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	SALZMAN, CHRISTOPHER MD
Address	MEDICAL STAFF OF PCMC INC.,MEDICAL STAFF OFFICE HCA FLORIDA PUTNAM HOSPITAL 611 ZEAGLER DRIVE
City-State-Zip:	PALATKA FL 32177

Title	VICE-PRESIDENT
Name	KURUVILLA, ANAND MATHAI M.D.
Address	MEDICAL STAFF OF PCMC INC.,MEDICAL STAFF OFFICE HCA FLORIDA PUTNAM HOSPITAL 611 ZEAGLER DRIVE
City-State-Zip:	PALATKA FL 32177

Title	TREASURER
Name	AHMED, ARSALAN MD
Address	MEDICAL STAFF OF PCMC INC.,MEDICAL STAFF OFFICE HCA FLORIDA PUTNAM HOSPITAL 611 ZEAGLER DRIVE
City-State-Zip:	PALATKA FL 32177

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

Title	DIRECTOR
Name	KUMAR, RAMESH MD
Address	MEDICAL STAFF OF PCMC INC.,MEDICAL STAFF OFFICE HCA FLORIDA PUTNAM HOSPITAL 611 ZEAGLER DRIVE
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: ANAND MATHAI KURUVILLA, MD****VICE CHIEF OF STAFF****08/22/2023**

