FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

(1)

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770806 (8)

1. Corporation Name
MID-FLORIDA MEDICAL SERVICES, INC.

Principal Place of Business	Mailing Address
%LANCE W. ANASTASIO 200 AVENUE F. NE WINTER HAVEN FL 33881-4131	%LANCE W. ANASTASIO 200 AVENUE F. NE WINTER HAVEN FL 33881-4131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1983
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-2486580 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ANASTASIO, LANCE W.
200 AVENUE F, NE
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	DVC	☒ Change ☐ Addition
NAME	STRAUGHN, JACK	1.2 NAME	Richard Dantzler	
STREET ADDRESS	255 MAGNOLIA AVE., SW	1.3 STREET ADDRESS	860 West Lake Otis Dr.	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	Winter Haven, FL 33880	
TITLE	CD	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BOYNTON, WILLIAM E.	2.2 NAME		
STREET ADDRESS	120 ODIN DR., SE	2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE	TVC	☒ Change ☐ Addition
NAME	BOSTIC, GUY	3.2 NAME		
STREET ADDRESS	1300 W. LAKE OTIS DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP		
TITLE	DVC	4.1 TITLE	CD	☒ Change ☐ Addition
NAME	MORROW, RONALD A.	4.2 NAME		
STREET ADDRESS	264 LAKE LINK DR., SE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	DS	☒ Change ☐ Addition
NAME	TUCKER LARRY	5.2 NAME	J. M. Nolen	
STREET ADDRESS	2516 PARTRIDGE DR., S.E.	5.3 STREET ADDRESS	1441 Grand Cayman Circle	
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE		6.1 TITLE	DT	☐ Change ☒ Addition
NAME		6.2 NAME	Charles W. McPherson	
STREET ADDRESS		6.3 STREET ADDRESS	9 Cypress Cove Road, S.E.	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Winter Haven, FL 33884	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald A. Morrow 1/27/95 (813) 297-1899
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

Ronald A. Morrow

0018262

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D
Edgar H. Willard, III, M.D.
1330 Lake Otis Drive, N.
Winter Haven, FL 33880

D
Ben R. Adams
1920 N. Lake Howard Dr.
Winter Haven, FL 33881

D
Howard M. Beckert
1326 Lake Otis Drive
Winter Haven, FL 33880

D
Raymond H. Cooney
151 Woden Way
Winter Haven, FL 33884

D
Leslie W. Dunson, Jr.
129 N. Lake Florence Dr.
Winter Haven, FL 33884

D
Lemuel L. Geathers
346 Avenue O, S.W.
Winter Haven, FL 33880

D
John H. Gray
902 W. Lake Otis Drive, S.E.
Winter Haven, FL 33880

D
G. Ellis Hunt
P.O. Box 631 N/A
Lake Wales, FL 33859-0631

Charles H. Landau
1290 S. Lake Mirror Drive
Winter Haven, FL 33880

D
R. Tom Nelson
P.O. Box 1260 N/A
Lake Wales, FL 33859

D
John P. Puckett, Jr., M.D.
704 W. Lk. Otis Drive
Winter Haven, FL 33880

D
Marilyn Reynolds
1 North Lake View Dr.
Haines City, FL 33844

D
Richard Straughn
1203 Thompson Circle
Winter Haven, FL 33880

D
David Ullman
P.O. Box 990 N/A
Lake Wales, FL 33859-0990

D
Gene West
525 Somerset Drive
Auburndale, FL 33823