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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

3. Date Incorporated or Qualified: 10/17/1983

4. FEI Number: 59-2486580 ☐ Applied For ☐ Not Applicable

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 24 / Country 25	Zip 29 / Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No N/A

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 617.0502 and 617.1508, 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 617.0503, 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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DANTZLER, RICHARD		1.2 NAME		
STREET ADDRESS	860 W LAKE OTIS DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		1.4 CITY-ST-ZIP		
TITLE	VCD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, LARRY		2.2 NAME		
STREET ADDRESS	2516 PARTRIDGE DRIVE SE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	BOSTICK, GUY		3.2 NAME	Ronald A. Morrow	
STREET ADDRESS	1300 W. LAKE OTIS DR.		3.3 STREET ADDRESS	264 Lake Link Drive, SE	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	Winter Haven, FL 33884	
TITLE	ASD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	WILLARD, EDGAR H. I M.D.		4.2 NAME	Edgar H. Willard, III, M.D.	
STREET ADDRESS	1330 LAKE OTIS DRIVE, NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	DVC	☐ DELETE	5.1 TITLE	CD	☒ Change ☐ Addition
NAME	NOLEN, J.M.		5.2 NAME		
STREET ADDRESS	1441 GRAND CAYMAN CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		5.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	6.1 TITLE	VCD	☐ Change ☒ Addition
NAME	MCPHERSON, CHARLES W.		6.2 NAME	Howard M. Beckert	
STREET ADDRESS	9 CYPRESS COVE ROAD SE		6.3 STREET ADDRESS	1326 Lake Otis Drive, North	
CITY-ST-ZIP	WINTER HAVEN FL		6.4 CITY-ST-ZIP	Winter Haven, FL 33880	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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: Lance Anastasio 1/12/98 (941) 297-1899