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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **770806**

1. Corporation Name

MID-FLORIDA MEDICAL SERVICES, INC.

235776 - 90131 - 10

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/17/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2486580 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☐ Change ☐ Addition
NAME	MORROW, RONALD A		3.2 NAME		
STREET ADDRESS	264 LAKE LINK DR, SE		3.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4 CITY-ST-ZIP		
TITLE	ASD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLARD, EDGAR H III		4.2 NAME		
STREET ADDRESS	1330 LAKE OTIS DRIVE, NORTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP		
TITLE	CD	☒ DELETE	5.1 TITLE		☐ 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	VCD	☐ DELETE	6.1 TITLE	C D	☒ Change ☐ Addition
NAME	BECKERT, HOWARD M		6.2 NAME		
STREET ADDRESS	1326 LAKE OTIS DRIVE, NORTH		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER HAVEN FL 33880		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Lance W. Anastasio 1-20-99 941-297-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

235776-90131-10
770806

Name	Title	Address
Richard Straughn	VCD	1203 Thompson Circle Winter Haven, FL 33880
Mark Bostick	SD	169 Lake Otis Road, SE Winter Haven, FL 33884
Charles W. McPherson	ATD	9 Cypress Cove Road, SE Winter Haven, FL 33884
Ben R. Adams	D	1920 N. Lake Howard Drive Winter Haven, FL 33881
Raymond H. Cooney	D	151 Woden Way Winter Haven, FL 33884
Lemuel L. Geathers	D	346 Avenue O, SW Winter Haven, FL 33880
Richard P. Giusti, M.D.	D	309 Hamilton Shore Drive, NE Winter Haven, FL 33881
John H. Gray	D	902 W. Lake Otis Drive, SE Winter Haven, FL 33880
G. Ellis Hunt	D	P.O. Box 631 Lake Wales, FL 33859-0631
Paul Pierson, M.D.	D	Mountain Lake, Box 832 Lake Wales, FL 33859-0832
William C. Reynolds	D	50 Skidmore Road Winter Haven, FL 33884
Seretha Tinsley	D	2705 Country Club Road Winter Haven, FL 33881
Robert M. VanHook, M.D.	D	330 Greenfield Road, SE Winter Haven, FL 33884
Gene West	D	525 Somerset Drive Auburndale, FL 33823
Norman White	D	3431 Harbor Beach Drive Lake Wales, FL 33859