2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State
02-28-2000 90015 001 ****61.25

DOCUMENT # 770806

1. Entity 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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ANASTASIO, LANCE W. 200 AVENUE F, NE WINTER HAVEN FL 33880	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DANTZLER, RICHARD 860 W LAKE OTIS DR. WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD TUCKER, LARRY 2516 PARTRIDGE DRIVE SE WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 17 Lake Eloise Lane, SE Winter Haven,FL 33884	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MORROW, RONALD A 264 LAKE LINK DR, SE WINTER HAVEN FL 33884	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASD WILLARD, EDGAR H III 1330 LAKE OTIS DRIVE, NORTH WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 33880	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD NOLEN, J.M. 1441 GRAND CAYMAN CIRCLE WINTER HAVEN FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Charles W. McPherson 9 Cypress Cove Road, SE Winter Haven, FL 33884	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD BECKERT, HOWARD M 1326 LAKE OTIS DRIVE, NORTH WINTER HAVEN FL 33880	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Richard Straughn 810 Pointe Courte Winter Haven, FL 33884	☐ Change ☒ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lance W. Anastasio 2/3/00 (863)297-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #