## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Feb 20, 2004 8:00 am Secretary of State

DOCUMENT # 770806  1. Entity Name MID-FLORIDA MEDICAL SERVICES, INC.					02-20-2004 90001 009 ****61.25					
Principal Place of Business %LANCE W. ANASTASIO 200 AVENUE F, NE WINTER HAVEN, FL 33881-4131		Mailing Address %LANCE W. ANASTASIO 200 AVENUE F, NE WINTER HAVEN, FL 33881-4131								
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-NP	CR2E037	7 (10/03)		
City & State		City & State			4. FEI Number 59-24865	580			oplied For of Applicable	
Zip	Country	Zip	Country	-i-	5. Certificate of	Status Desige	ed\$	8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent	A14		7. Name and A	ddress of Ne	w Registered Ag	gent		
ANASTASIO, LANCE W. 200 AVENUE F, NE			Name							
	HAVEN, FL 33880		Street Address			(P.O. Box Number is Not Acceptable)				
			City				=-	Zip Cod	e	
8 The above	named entity submits this statement for		r rogistor	<b>FL</b>						
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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees		Make check   Florida Departn			
10.	OFFICERS AND DIF		11.		ADDITIONS/CHAN	IGES TO OFF			110	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANTZLER, RICHARD  860 W LAKE OTIS DR. WINTER HAVEN, FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	·		l	<b>Ճ</b> Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD BOSTICK, MARK 169 LAKE OTIS ROAD SE WINTER HAVEN, FL 33884	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	SD		<del></del> :	- 1	፟ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MORROW, RONALD A 264 LAKE LINK DR, SE WINTER HAVEN, FL 33884	<b>◯</b> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				ف داده م	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOLAN, J.M. P.O. BOX 1439 WINTER HAVEN, FL 33883	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D No1	en		1	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD MCPHERSON, CHARLES W 9 CYPRESS COVE ROAD SE WINTER HAVEN, FL 33884	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD			(	X Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STRAUGHN, RICHARD 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D				X Change	Addition	

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 feedere or trug tee 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 pheddress, with all the place of the properties.

SIGNATURE:

Lance Anastasio 2/18/04 863-297-1899

Affer Chm ent

MID-FLORIDA MEDICAL SERVICES BOARD MEMBERS

# 770806

Name		Title
Howard M. Beckert 1326 Lake Otis Drive, North Winter Haven, FL 33880		TD
Brian K. Swain Post Office Box 3096 Winter Haven, FL 33885		D
Lance W. Anastasio 4 Brogden Lane, SE Winter Haven, FL 33880	ه ه <del>و د</del> پی <del>ندست</del> ین در دو افور	eria e i puede o c <del>omo acce</del> nto espe
David M. MacDougall 500 Island Way Winter Haven, FL 33884		V