# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3

**FILED**
**Apr 11, 2005 8:00 am**
**Secretary of State**
03-10-2005 90143 034 ****61.25

66009342

02242005 Chg-NP CR2E037 (10/03)

DOCUMENT # 770806

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

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

| 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.<br>200 AVENUE F, NE<br>WINTER HAVEN, FL 33880 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. 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, 2005**

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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>MCPHERSON, CHARLES W<br>P O BOX 32036<br>LAKELAND, FL 338022036 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>DANTZLER, RICHARD<br>P O BOX 192<br>WINTER HAVEN, FL 33882 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VCD<br>NOLEN, J M<br>P O BOX 1439<br>WINTER HAVEN, FL 33882 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BOSTICK, MARK<br>P O DRAWER 67<br>AUBURNDALE, FL 33823 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ASD<br>STRAUGHN, RICHARD<br>255 MAGNOLIA AVENUE SW<br>WINTER HAVEN, FL 33880 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T/D | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>BECKERT, HOWARD M<br>P O BOX 9087<br>WINTER HAVEN, FL 33883 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S/D | ☒ 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 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 Anastasio 3/4/05 863-297-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Howard M. Beckert 4/7/05 863-297-1899
Howard M. Beckert — Date — Phone

ATTACHMENT 66009342
#770806

## MID-FLORIDA MEDICAL SERVICES BOARD MEMBERS

| Name | Title |
|---|---|
| Brian K. Swain<br>Post Office Box 3096<br>Winter Haven, FL 33885 | AS/D |
| Robert C. Carter<br>1312 Mirror Terrace, NW<br>Winter Haven, FL 33881 | AT/D |
| Timothy M. Goldfarb<br>1600 SW Archer Road, P.O. Box 100326<br>Gainesville, FL 32610 | D |
| Larry D. Tucker<br>17 Lake Eloise Lane<br>Winter Haven, FL 33884 | D |
| Lance W. Anastasio<br>4 Brogden Lane, SE<br>Winter Haven, FL 33880 | P |