2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# 770806

Entity Name: MID-FLORIDA MEDICAL SERVICES, INC.

Current Principal Place of Business:

200 AVENUE F, NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

200 AVENUE F, NE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 59-2486580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANASTASIO, LANCE W.
200 AVENUE F, NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

ANASTASIO, LANCE W CEO
200 AVENUE F, NE
WINTER HAVEN, FL 33881 US

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: LANCE ANASTASIO 02/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: MCPHERSON, CHARLES
Address: 309 QUAILS RUN PASS
City-St-Zip: WINTER HAVEN, FL 33884

Title: 2VC ( ) Delete
Name: MURRELL, WILLIAM H
Address: PO BOX 832 MOUNTAIN LAKE
City-St-Zip: LAKE WALES, FL 33859

Title: D ( ) Delete
Name: BOSTICK, MARK
Address: 169 LAKE OTIS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D ( ) Delete
Name: SWAIN, BRIAN
Address: P O BOX 3096
City-St-Zip: WINTER HAVEN, FL 33885

Title: C ( ) Delete
Name: STRAUGHN, RICHARD
Address: 255 MAGNOLIA AVENUE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: 1VC ( ) Delete
Name: CARTER, ROBERT C
Address: 1312 MIRROR TERRACE NW
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: MCPHERSON, CHARLES
Address: 309 QUAILS RUN PASS
City-St-Zip: WINTER HAVEN, FL 33884

Title: S (X) Change ( ) Addition
Name: OAKLEY, TOMMY
Address: 124 WYNDHAM DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: 2VC (X) Change ( ) Addition
Name: BOSTICK, MARK
Address: 169 LAKE OTIS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: 1VC (X) Change ( ) Addition
Name: SWAIN, BRIAN
Address: 400 AVENUE K, SE, SUITE #3
City-St-Zip: WINTER HAVEN, FL 33885

Title: T (X) Change ( ) Addition
Name: INGRAM, DON
Address: 7 HICKORY WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: AT (X) Change ( ) Addition
Name: BURNS, WILLIAM G
Address: P.O. BOX 832, MOUNTAIN LAKE
City-St-Zip: LAKE WALES, FL 33859

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCE ANASTASIO CEO 02/26/2009
Electronic Signature of Signing Officer or Director Date