2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
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 CEO
200 AVENUE F, NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C
Name: BOSTICK, MARK
Address: 2300 N SCENIC HWY # 27, MT. LAKE
City-St-Zip: LAKE WALES, FL 33889

Title: 1VC
Name: SWAIN, BRAIN K
Address: 400 AVENUE K SE, SUITE #3
City-St-Zip: WINTER HAVEN, FL 33885

Title: 2VC
Name: STRAUGHN, RICHARD
Address: 810 POINTE COURT
City-St-Zip: WINTER HAVEN, FL 33884

Title: 3VC
Name: CARTER, ROBERT C
Address: 1312 MIRROR TERRACE, NW
City-St-Zip: WINTER HAVEN, FL 33881

Title: S
Name: INGRAM, DON
Address: 7 HICKORY WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: T
Name: BURNS, WILLIAM G
Address: P.O. BOX 832, MT. LAKE
City-St-Zip: LAKE WALES, FL 33859

I hereby 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 all other like empowered.

SIGNATURE: LANCE ANASTASIO CEO 03/26/2012

Electronic Signature of Signing Officer or Director Date