

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR 21 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **G06808** (1)

1. Corporation Name  
**MEDICAL AND SURGICAL AFFILIATES, INC.**

Principal Place of Business Mailing Address  
**720 S.W. 2ND AVE. STE. 311** **720 S.W. 2ND AVE. STE. 311**  
**GAINESVILLE FL 32601** **GAINESVILLE FL 32601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/28/1982** 3a. Date of Last Report **04/12/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-2228633** Applied For  Not Applicable  
5. Certificate of Status Desired  **\$8.75** Additional Fee Required  
6. Election Campaign Financing  **\$5.00** May Be Added to Fees  
7. Trust Fund Contribution   
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DEFORD, JAMES W.**  
**720 S.W. 2ND AVE. #311**  
**GAINESVILLE FL 32601**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BUSH, CLINTON G.
STREET ADDRESS	720 S.W. 2ND AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	PD
NAME	DEFORD, JAMES W.
STREET ADDRESS	720 S.W. 2ND AVE.
CITY-ST-ZIP	GAINESVILLE FL
TITLE	ST
NAME	RAFFA, JAMES
STREET ADDRESS	720 SW 2ND AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	WYNNE, JAMES
STREET ADDRESS	720 SW 2ND AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	D
NAME	JOHNSON, JAMES
STREET ADDRESS	1026 SW 2ND AVENUE
CITY-ST-ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct, 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *[Signature]* 3/17/95 9043751950  
Date Daytime Phone #