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**Jan 30 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # G06808 (1)

1. Corporation Name
MEDICAL AND SURGICAL AFFILIATES, INC.



Principal Place of Business: **720 S.W. 2ND AVE. STE. 311 GAINESVILLE FL 32601**
Mailing Address: **720 S.W. 2ND AVE. STE. 311 GAINESVILLE FL 32601-1212**

3. Date Incorporated or Qualified: **10/28/1982**
3a. Date of Last Report: **02/19/1996**
4. FEI Number: **59-2228633**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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
85 Zip Code: **FL**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BUSH, CLINTON G.		1.2 NAME
STREET ADDRESS: 720 S.W. 2ND AVE.		1.3 STREET ADDRESS
CITY-ST-ZIP: GAINESVILLE FL		1.4 CITY-ST-ZIP
TITLE: PD	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DEFORD, JAMES W.		2.2 NAME
STREET ADDRESS: 720 S.W. 2ND AVE.		2.3 STREET ADDRESS
CITY-ST-ZIP: GAINESVILLE FL		2.4 CITY-ST-ZIP
TITLE: ST	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RAFFA, JAMES		3.2 NAME
STREET ADDRESS: 720 SW 2ND AVENUE		3.3 STREET ADDRESS
CITY-ST-ZIP: GAINESVILLE FL		3.4 CITY-ST-ZIP
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WYNNE, JAMES		4.2 NAME
STREET ADDRESS: 720 SW 2ND AVENUE		4.3 STREET ADDRESS
CITY-ST-ZIP: GAINESVILLE FL		4.4 CITY-ST-ZIP
TITLE: D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JOHNSON, JAMES		5.2 NAME
STREET ADDRESS: 1026 SW 2ND AVENUE		5.3 STREET ADDRESS
CITY-ST-ZIP: GAINESVILLE FL		5.4 CITY-ST-ZIP
TITLE: D	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME
STREET ADDRESS:		6.3 STREET ADDRESS
CITY-ST-ZIP:		6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **1/27/97 3523751850**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)