

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16 1999 8:00 am
Secretary of State

DOCUMENT # G06808 *1A*

1. Corporation Name

MEDICAL AND SURGICAL AFFILIATES, INC.

Principal Place of Business

Mailing Address

720 SW 2ND AVENUE STE B11
GAINESVILLE, FL 32601

720 SW 2ND AVENUE STE 311
GAINESVILLE, FL 32601

03/01/99 90091 031 \$150.00
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Organized
10/28/1982

4. FFL Number 59-2228633 Applied For Not Applicable

5. Certificate of Status Declared \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

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

9. Name and Address of Current Registered Agent

DEFORD, JAMES W.
720 SW 2ND AVENUE STE 311
GAINESVILLE, FL 32601

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

By _____ (Print Name of Registered Agent and Title) and _____ (Print Name of Registered Agent and Title)

By _____ (Print Name of Registered Agent and Title)

Date

12. OFFICERS AND DIRECTORS

ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: VD
NAME: BUSH, CLINTON G.
STREET ADDRESS: 720 SW 2ND AVE
CITY-STATE-ZIP: GAINESVILLE, FL

12.2 TITLE: PD
NAME: DEFORD, JAMES W.
STREET ADDRESS: 720 SW 2ND AVE
CITY-STATE-ZIP: GAINESVILLE, FL

12.3 TITLE: ST
NAME: RAFFA, JAMES
STREET ADDRESS: 720 SW 2ND AVE
CITY-STATE-ZIP: GAINESVILLE, FL

12.4 TITLE: D
NAME: WYNNE, JAMES
STREET ADDRESS: 720 SW 2ND AVENUE
CITY-STATE-ZIP: GAINESVILLE, FL

12.5 TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-STATE-ZIP: []

12.6 TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-STATE-ZIP: []

13. ADDITION CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: [] Change [] Add
13.2 NAME: []
13.3 STREET ADDRESS: []
13.4 CITY-STATE-ZIP: []

13.5 TITLE: [] Change [] Add
13.6 NAME: []
13.7 STREET ADDRESS: []
13.8 CITY-STATE-ZIP: []

13.9 TITLE: TD
NAME: LEIBACH, JOHN
STREET ADDRESS: 720 SW 2ND AVE
CITY-STATE-ZIP: GAINESVILLE, FL

13.10 TITLE: SD
NAME: []
STREET ADDRESS: []
CITY-STATE-ZIP: []

13.11 TITLE: [] Change [] Add
13.12 NAME: []
13.13 STREET ADDRESS: []
13.14 CITY-STATE-ZIP: []

13.15 TITLE: [] Change [] Add
13.16 NAME: []
13.17 STREET ADDRESS: []
13.18 CITY-STATE-ZIP: []

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(13)(b), 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. But 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, with all other like information.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 352-378-1950

CR2E034 (1/98)