

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90438 024 ***150.00

CR2E034 (9/01)

DOCUMENT # G06808

1. Entity Name
MEDICAL AND SURGICAL AFFILIATES, INC.

Principal Place of Business 1405 NW 13TH STREET GAINESVILLE FL 32601 US	Mailing Address 1405 NW 13TH STREET GAINESVILLE FL 32601 US
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2. Principal Place of Business 500 NW 43rd Street	3. Mailing Address 500 NW 43rd Street
Suite, Apt. #, etc. Suite 3	Suite, Apt. #, etc. Suite 3

DO NOT WRITE IN THIS SPACE

City & State Gainesville, FL	City & State Gainesville, FL	4. FEI Number 59-2228633	Applied For <input type="checkbox"/> Not Applicable
Zip 32607	Country USA	Zip 32607	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

DEFORD, JAMES W.
 6400 W NEWBERRY RD
 #308
 GAINESVILLE FL 32605

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
FL Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEFORD, JAMES W. 6400 W NEWBERRY RD STE 308 GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIBACH, JOHN 6400 W NEWBERRY RD STE 308 GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNNE, JAMES 720 SW 2ND AVENUE GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M WARRICK, WILLIAM H III 420 SW 8TH ST GAINESVILLE FL 32601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, GARY 2706 NW 23RD TERRACE GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENTZ, MISSY 1405 NW 13TH STREET GAINESVILLE FL 32601	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4741 NW 8th Ave, Suite C Gainesville, FL 32605	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 NW 43rd Street, Suite 3 Gainesville, FL 32607	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE DEFORD 4-10-02 352-377-2078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #