
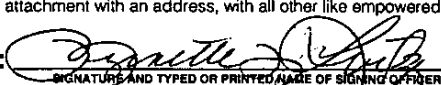


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90005 011 ***150.00

DOCUMENT # G06808					
1. Entity Name MEDICAL AND SURGICAL AFFILIATES, INC.					
Principal Place of Business 500 NW 43RD STREET SUITE 3 GAINESVILLE, FL 32607 US		Mailing Address 500 NW 43RD STREET SUITE 3 GAINESVILLE, FL 32607 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2228633	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEFORD, JAMES W.		NAME		
STREET ADDRESS	6400 W NEWBERRY RD STE 308		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEIBACH, JOHN		NAME		
STREET ADDRESS	6400 W NEWBERRY RD STE 308		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WYNNE, JAMES		NAME		
STREET ADDRESS	4741 NW 8TH AVE, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WARRICK, WILLIAM H III		NAME		
STREET ADDRESS	420 SW 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COOPER, GARY		NAME		
STREET ADDRESS	2706 NW 23RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LENTZ, MISSY		NAME		
STREET ADDRESS	500 NW 43RD STREET, SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		MYRVELLE MOORE-LENTZ		352	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		1/10/2005		377-2078	

50002216



01072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2228633 Applied For Not Applicable

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

FL Zip Code

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEFORD, JAMES W.	
STREET ADDRESS	6400 W NEWBERRY RD STE 308	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEIBACH, JOHN	
STREET ADDRESS	6400 W NEWBERRY RD STE 308	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WYNNE, JAMES	
STREET ADDRESS	4741 NW 8TH AVE, SUITE C	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	WARRICK, WILLIAM H III	
STREET ADDRESS	420 SW 8TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, GARY	
STREET ADDRESS	2706 NW 23RD TERRACE	
CITY-ST-ZIP	GAINESVILLE, FL 32605	
TITLE	S	<input type="checkbox"/> Delete
NAME	LENTZ, MISSY	
STREET ADDRESS	500 NW 43RD STREET, SUITE 3	
CITY-ST-ZIP	GAINESVILLE, FL 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  MYRVELLE MOORE-LENTZ 352
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 1/10/2005 377-2078