


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90344 032 \*\*\*150.00

**DOCUMENT # G06808**

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



40049555

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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01112006 Chg-P CR2E034 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-2228633**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DEFORD, JAMES W.**  
~~6400 W NEWBERRY RD STE 308~~  
~~GAINESVILLE, FL 32605~~  
**500 NW 43RD STREET  
 SUITE 3  
 GAINESVILLE, FL 32607**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. 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 4741 NW 8TH AVE, SUITE C GAINESVILLE, FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, GARY 2706 NW 23RD TERRACE GAINESVILLE, FL 32605	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENTZ, MISSY 500 NW 43RD STREET, SUITE 3 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 NW 43RD STREET, SUITE 3 GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 NW 43RD STREET, SUITE 3 GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  DATE: **4-10-06** DAYTIME PHONE #: **352-377-2078**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #