


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90020 039 ***150.00

DOCUMENT # G06808 1. Entity Name MEDICAL AND SURGICAL AFFILIATES, INC.	
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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
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DO NOT WRITE IN THIS SPACE

60017214



01142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2228633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEFORD, JAMES W.
500 NW 43RD ST STE 3
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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, 2007 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. 500 NW 43RD ST STE3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEIBACH, JOHN 500 NW 43RD ST STE 3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WYNNE, JAMES 500 NW 43RD ST STE 3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOPER, GARY 500 NW 43RD ST STE3 GAINESVILLE, FL 32607 <i>Remove</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LENTZ, MISSY 500 NW 43RD STREET, SUITE 3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	██████████ ██████████ ██████████ ██████████

**DO NOT WRITE
IN THIS SPACE**

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: *X [Signature]* *2/20/2007* *352-377-2078*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #