## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # G06808

MEDICAL AND SURGICAL AFFILIATES, INC.



Principal Place of Business

GAINESVILLE, FL 32607

Mailing Address

500 NW 43RD STREET SUITE 3

500 NW 43RD STREET

SUITE 3

DO NOT WRITE IN THIS SPACE

GAINESVILLE, FL 32607

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

02-21-2007 90020 039 \*\*\*150.00

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01142007

No Chg-P

CR2E034 (11/05)

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

## DO NOT WRITE IN THIS SPACE

|   | her posts   |        |              |                                |  |  |
|---|---|--------|--------------|--------------------------------|--|--|
| 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   |   |        |              |                                |  |  |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign F  Trust Fund Contributi  |   |        |              | \$5.00 May Be<br>Added to Fees |  |  |
| 10. OFFICERS AND DIRECTORS  |   |        |              |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>DEFORD, JAMES W.<br>500 NW 43RD ST STE3<br>GAINESVILLE, FL 32607    |        |              |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TD<br>LEIBACH, JOHN<br>500 NW 43RD ST STE 3<br>GAINESVILLE, FL 32607      |        |              |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | VD<br>WYNNE, JAMES<br>500 NW 43RD ST STE 3<br>GAINESVILLE, FL 32607       |        | DO NOT WRITE |                                |  |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP   | COOPER, GARY 500 NW 43RD ST STES GAINESVILLE, FL 32607                    | Remove |              | IN THIS SPACE                  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>LENTZ, MISSY<br>500 NW 43RD STREET, SUITE 3<br>GAINESVILLE, FL 32607 |        |              |                                |  |  |
| TITLE<br>NAME   |   |        |              |                                |  |  |

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP