

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06808

FILED
Apr 13, 2009
Secretary of State

Entity Name: MEDICAL AND SURGICAL AFFILIATES, INC.

Current Principal Place of Business:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 59-2228633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LENTZ, MYRNETTE
500 NW 43RD ST STE 3
GAINESVILLE, FL 32607 US

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: MYRNETTE LENTZ 04/13/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEFORD, JAMES W.
Address: 500 NW 43RD ST STE3
City-St-Zip: GAINESVILLE, FL 32607

Title: TD () Delete
Name: LEIBACH, JOHN
Address: 500 NW 43RD ST STE 3
City-St-Zip: GAINESVILLE, FL 32607

Title: VD () Delete
Name: WYNNNE, JAMES
Address: 500 NW 43RD ST STE 3
City-St-Zip: GAINESVILLE, FL 32607

Title: S () Delete
Name: LENTZ, MISSY
Address: 500 NW 43RD STREET, SUITE 3
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PATLOVICH, MARK
Address: 500 NW 43RD ST STE3
City-St-Zip: GAINESVILLE, FL 32607

Title: TD (X) Change () Addition
Name: DEFORD, JAMES W.
Address: 500 NW 43RD ST STE 3
City-St-Zip: GAINESVILLE, FL 32607

Title: VD (X) Change () Addition
Name: LEIBACH, JOHN
Address: 500 NW 43RD ST STE 3
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MISSY LENTZ S 04/13/2009

Electronic Signature of Signing Officer or Director Date