

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06808

FILED
Feb 16, 2011
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MYRNETTE LENTZ

S

02/16/2011

Electronic Signature of Signing Officer or Director

_____ Date