

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06808

FILED  
Feb 06, 2012  
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

02/06/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date