

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90133 022 \*\*\*150.00

0766928 AV

**DOCUMENT # G06808**

1. Entity Name  
**MEDICAL AND SURGICAL AFFILIATES, INC.**



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**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-2228633**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~DEFORD, JAMES W.~~  
~~6400 W NEWBERRY RD~~  
~~#308~~  
~~GAINESVILLE FL 32605~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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	<input type="checkbox"/> Delete <b>PD DEFORD, JAMES W. 6400 W NEWBERRY RD STE 308 GAINESVILLE FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD LEIBACH, JOHN 6400 W NEWBERRY RD STE 308 GAINESVILLE FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD WYNNE, JAMES 4741 NW 8TH AVE, SUITE C GAINESVILLE FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>M WARRICK, WILLIAM H III 420 SW 8TH ST GAINESVILLE FL 32601</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D COOPER, GARY 2706 NW 23RD TERRACE GAINESVILLE FL 32605</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>S LENTZ, MISSY 500 NW 43RD STREET, SUITE 3 GAINESVILLE FL 32607</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-03

Date Daytime Phone #

CR2E034 (10/02)