2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2015
Secretary of State
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Entity Name: MID-FLORIDA MEDICAL SERVICES, INC.

Current Principal Place of Business:

200 AVENUE F, NE
WINTER HAVEN, FL 33881

Current Mailing Address:

200 AVENUE F, NE
WINTER HAVEN, FL 33881

FEI Number: 59-2486580

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STRAUGHN, RICHARD
255 MAGNOLIA AVENUE SW
WINTER HAVEN, FL 33881 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: RICHARD STRAUGHN 05/19/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	C
Name	BOSTICK, MARK
Address	2300 N SCENIC HWY # 27, MT. LAKE
City-State-Zip:	LAKE WALES FL 33889

Title	2VC
Name	STRAUGHN, RICHARD
Address	810 POINTE COURT
City-State-Zip:	WINTER HAVEN FL 33884

Title	T
Name	BURNS, WILLIAM G
Address	P.O. BOX 832, MT. LAKE
City-State-Zip:	LAKE WALES FL 33859

Title	ASST. TREASURER
Name	MURRELL, WILLIAM H
Address	P.O. BOX 832
City-State-Zip:	LAKE WALES FL 33859-0832

Title	1VC
Name	SWAIN, BRAIN K
Address	400 AVENUE K SE, SUITE #3
City-State-Zip:	WINTER HAVEN FL 33885

Title	S
Name	INGRAM, DON
Address	7 HICKORY WAY
City-State-Zip:	WINTER HAVEN FL 33884

Title	ASSISTANT SECRETARY
Name	HOLDEN, EILEEN
Address	4025 PALMA CEIA
City-State-Zip:	WINTER HAVEN FL 33884

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD STRAUGHN REGISTERED AGENT 05/19/2015

Electronic Signature of Signing Officer/Director Detail — Date