

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G06808

Entity Name: MEDICAL AND SURGICAL AFFILIATES, INC.

Current Principal Place of Business:

500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607

Current Mailing Address:

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

FEI Number: 59-2228633

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title S
Name LENTZ, MYRNETTE
Address 500 NW 43RD STREET, SUITE 3
City-State-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

SECRETARY

01/21/2014

Electronic Signature of Signing Officer/Director Detail

Date