FILED
Apr 11, 2005 8:00 am
Secretary of State
03-10-2005 90143 034 ****61.25

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

3

DOCUMENT # 770806

1. Entity Name
MID-FLORIDA MEDICAL SERVICES, INC.

Principal Place of Business
%LANCE W. ANASTASIO
200 AVENUE F, NE
WINTER HAVEN, FL 33881-4131

Mailing Address
%LANCE W. ANASTASIO
200 AVENUE F, NE
WINTER HAVEN, FL 33881-4131

66009342

02242005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2486580 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ANASTASIO, LANCE W.
200 AVENUE F, NE
WINTER HAVEN, FL 33880

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CD ☐ Delete	TITLE	D ☒ Change ☐ Addition
NAME	MCPHERSON, CHARLES W	NAME	
STREET ADDRESS	P O BOX 32036	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 338022036	CITY-ST-ZIP	
TITLE	VCD ☐ Delete	TITLE	C/D ☒ Change ☐ Addition
NAME	DANTZLER, RICHARD	NAME	
STREET ADDRESS	P O BOX 192	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33882	CITY-ST-ZIP	
TITLE	VCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NOLEN, J M	NAME	
STREET ADDRESS	P O BOX 1439	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33882	CITY-ST-ZIP	
TITLE	SD ☐ Delete	TITLE	VC/D ☒ Change ☐ Addition
NAME	BOSTICK, MARK	NAME	
STREET ADDRESS	P O DRAWER 67	STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE, FL 33823	CITY-ST-ZIP	
TITLE	ASD ☐ Delete	TITLE	T/D ☒ Change ☐ Addition
NAME	STRAUGHN, RICHARD	NAME	
STREET ADDRESS	255 MAGNOLIA AVENUE SW	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	CITY-ST-ZIP	
TITLE	TD ☐ Delete	TITLE	S/D ☒ Change ☐ Addition
NAME	BECKERT, HOWARD M	NAME	
STREET ADDRESS	P O BOX 9087	STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33883	CITY-ST-ZIP	

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 617, 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: Lance Anastasio 3/4/05 863-297-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Howard M. Beckert 4/7/05 863-297-1899
Howard M. Beckert Date Phone

ATTACHMENT

66009342
#770806

MID-FLORIDA MEDICAL SERVICES BOARD MEMBERS

Name	Title
Brian K. Swain Post Office Box 3096 Winter Haven, FL 33885	AS/D
Robert C. Carter 1312 Mirror Terrace, NW Winter Haven, FL 33881	AT/D
Timothy M. Goldfarb 1600 SW Archer Road, P.O. Box 100326 Gainesville, FL 32610	D
Larry D. Tucker 17 Lake Eloise Lane Winter Haven, FL 33884	D
Lance W. Anastasio 4 Brogden Lane, SE Winter Haven, FL 33880	P