


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 8:00 am**  
**Secretary of State**

02-15-2007 90040 041 \*\*\*\*61.25

<b>DOCUMENT # 770806</b>	
1. Entity Name MID-FLORIDA MEDICAL SERVICES, INC.	

Principal Place of Business 200 AVENUE F, NE WINTER HAVEN, FL 33881	Mailing Address 200 AVENUE F, NE WINTER HAVEN, FL 33881
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

10011109



01252007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2486580	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ANASTASIO, LANCE W. 200 AVENUE F, NE WINTER HAVEN, FL 33881	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCIPHERSON, CHARLES 9 CYPRESS COVE ROAD, SE WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANTZLER, RICHARD 860 W LAKE OTIS DRIVE WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BOSTICK, MARK 169 LAKE OTIS ROAD WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SWAIN, BRIAN P O BOX 3096 WINTER HAVEN, FL 33885 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRAUGHN, RICHARD 255 MAGNOLIA AVENUE SW WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BECKERT, HOWARD M 1326 LAKE OTIS DRIVE NORTH WINTER HAVEN, FL 33880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1st VC Carter, Robert C. 1312 Mirror Terrace, NW Winter Haven, FL 33881 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

<b>SIGNATURE:</b> 	Richard Straughn	2/13/07	863-297-1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

ATTACHMENT- 40017784

#770806

**MID-FLORIDA MEDICAL SERVICES BOARD MEMBERS**

<u>Name</u>	<u>Title</u>
William H. Murrell P.O. Box 832, Mountain Lake Lake Wales, FL 33859-0832	2 <sup>nd</sup> V.C.
Todd Dantzler 1601 6 <sup>th</sup> Street, SE Winter Haven, FL 33880	AS
Don Ingram 7 Hickory Way Winter Haven, FL 33884	T
Tommy Oakley 124 Wyndham Drive Winter Haven, FL 33884	AT
William G. Burns P.O. Box 832, Mountain Lake Lake Wales, FL 33859-0832	D
Timothy M. Goldfarb 1600 SW Archer Road Gainesville, FL 32610	D
Larry D. Tucker 17 Lake Eloise Lane Winter Haven, FL 33884	D