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

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NAME SIREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP ITILE NAME NAME SIREET ADDRESS CITY-ST-ZIP NAME NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE VC WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE VC SWAIN, BRIAN P O BOX 3096 WINTER HAVEN, FL 33885 CITY-ST-ZIP D Change Addition NAME SIREET ADDRESS CITY-ST-ZIP D Change Addition NAME SIREET ADDRESS CITY-ST-ZIP D Change Addition NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP D Change Addition NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP D Change Addition NAME SIREET ADDRESS CITY-ST-ZIP D	DOCUMENT # 770806 1. Entity Name MID-FLORIDA MEDICAL SERVICES, INC.							02-15-2007 90040 041 ****61.25					
Suite, Apil # etc. Suite, Apil # etc. Suite Cey & State September Sep-2486560 Replied For Replied F	200 AVENUE F, NE 200 AVENUE F, NE					3881			ļ	1001	r r u z		
City & State	2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mail	ing Address	<u>.</u>	_						
Zip Country Zip Country Zip Country S. Certificate Status Desiried \$8.75 Additional Feet Requised \$8.75 Additional Feet Requised	Suite, Apt.	. #, etc.		Sui	te, Apt. #, etc.				01252007	Chg-NP	CR2E	037 (12/06)	
S. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 9. Election Campaign Financing This Full Control III. 9. Election Campaign Financing This Full Control III. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AN	City & Stat	te		Cit	City & State			· •				<u> </u>	<u> </u>
ANASTASIO, LANCE W. 200 AVENUE F, NE WINTER HAVEN, FL 33681 City FL Zip Code	Zip Country			Zip	p Country			-	5. Certificate of Status Desired \$8.75 Additional				
ANASTASIO, LANCE W. 200 AVENUE F, NE WINTER HAVEN, FL 33881 City FL Zip Code		6. Name	and Address of Current I	Registere	d Agent				7. Name and	Address of New	Registered	l Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptative obligations of registered agent. SIGNATURE Signature in the purpose of purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptative obligations of registered agent. SIGNATURE Signature interest registered agent. Incidence Agent separate required agent in the State of Florida. I am familiar with, and acceptative required agent, or both, in the State of Florida. I am familiar with, and acceptative required agent, or both, in the State of Florida. I am familiar with, and acceptative required agent. Incidence agent in the State of Florida Department of State	ANACTAC	IO LANCI	E 14/			ĺ	Name						
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, upper or present name of impositions agent and site agriculture.	200 AVEN	IUE F, NE					Street A	ddress (P.O. Box Numbe	r is Not Acceptat	ole)		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SUBMANNE SUBMA							City					Zip Cod	le
Signature. Include or printed name of registerior agent and take it applicable Intelligence	8. The above the obligation	e named entit tions of regist	y submits this statement for tered agent.	the purpo	ose of changing its	registere	d office or	register	ed agent, or bot	h, in the State of F		_	and accept
Due by May 1, 2007	SIGNATURE	Signature, typeo	or printed name of registered agent a	and title if appl	icable /NOT	T. Danistana						<u>,</u>	
TITLE NAME MCPHERSON, CHARLES MCPHERSON, CHARLES STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME NAME NAME NAME NAME NAME NAME NAM			• • • • • • • • • • • • • • • • • • • •		(10.	E: negistered	Agent signati	ure required	when reinstating)		DATE		
TITLE NAME MCPHERSON, CHARLES MCPHERSON, CHARLES STREET ADDRESS COVE ROAD, SE CITY-ST-ZIP WINTER HAVEN, FL 33884 TITLE NAME STREET ADDRESS COVE ROAD, SE CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME BOSTICK, MARK STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE VC SWAIN, BRIAN PO BOX 3096 CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 TITLE NAME STREET ADDRESS STREET ADDRE		_	e is \$61.25		9. Election Car	mpaign Fi	nancing		\$5.00 May B	·	Make che		
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NAME STREET ADDRESS P O BOX 3096 STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33885 CITY-ST-ZIP WINTER HAVEN, FL 33885 CITY-ST-ZIP TITLE STRAUGHN, RICHARD NAME STREET ADDRESS CITY-ST-ZIP VINTER HAVEN, FL 33880 CITY-ST-ZIP TITLE VC NAME BECKERT, HOWARD M STREET ADDRESS CITY-ST-ZIP TITLE VC NAME STREET ADDRESS TITLE STREET ADDRESS TITLE NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	T MCPHER 9 CYPRE WINTER I D DANTZLE 860 W LA	OFFICERS AND DIR SON, CHARLES SS COVE ROAD, SE HAVEN, FL 33884 ER, RICHARD KE OTIS DRIVE		9. Election Car Trust Fund C	mpaign Fin Contribution 11. TITLE NAME CITY- TITLE NAME STREE	nancing on. T ADDRESS ST-ZIP		\$5.00 May Boundary Added to Fees	Flo	Make che orida Depa	IRECTORS IN Change	tate
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NAME BECKERT, HOWARD M STREET ADDRESS 1326 LAKE OTIS DRIVE NORTH STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33880 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119 Florids Statutes Under Continue to Chapter 119 Florids	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	T MCPHER 9 CYPRE WINTER I D DANTZLE 860 W LA WINTER I C BOSTICK 169 LAKE WINTER I VC SWAIN, B P O BOX	OFFICERS AND DIR SON, CHARLES SS COVE ROAD, SE HAVEN, FL 33884 ER, RICHARD KE OTIS DRIVE HAVEN, FL 33880 MARK OTIS ROAD HAVEN, FL 33884		9. Election Car Trust Fund C	mpaign Fin Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE	nancing on. ET ADDRESS ST-ZIP IT ADDRESS ST-ZIP IT ADDRESS ST-ZIP	S	\$5.00 May Boundary Added to Fees	Flo	Make che orida Depa	RECTORS IN ☐ Change ☐ Change ☐ Change	I 10 Addition
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changed, or on an attachment with all other like empowered.

Richard Straughn SIGNATURE(

2/13/07

863-297-1899

Daytime Phone #

ATTACHMENT- 400/7784

770806

MID-FLORIDA MEDICAL SERVICES BOARD MEMBERS

<u>Name</u>	Title
William H. Murrell P.O. Box 832, Mountain Lake Lake Wales, FL 33859-0832	2 nd V.C.
Todd Dantzler 1601 6 th Street, SE Winter Haven, FL 33880	AS
Don Ingram 7 Hickory Way Winter Haven, FL 33884	Ť
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