## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#770806** 

FILED Jan 04, 2010 Secretary of State

Date

Entity Name: MID-FLORIDA MEDICAL SERVICES, INC.

US

**Current Principal Place of Business: New Principal Place of Business:** 

200 AVENUE F. NE WINTER HAVEN, FL 33881

**Current Mailing Address: New Mailing Address:** 

200 AVENUE F, NE WINTER HAVEN, FL 33881

FEI Number: 59-2486580 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ANASTASIO, LANCE W CEO 200 AVENUÉ F. NE WINTER HAVEN, FL 33881

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

## **OFFICERS AND DIRECTORS:**

MCPHERSON, CHARLES Name: Address: 309 QUAILS RUN PASS City-St-Zip: WINTER HAVEN, FL 33884

Title:

Name: OAKLEY, TOMMY Address: 124 WYNDHAM DR City-St-Zip: WINTER HAVEN, FL 33884

Title: 2VC

BOSTICK, MARK Name: 169 LAKE OTIS ROAD Address: City-St-Zip: WINTER HAVEN, FL 33884

Title: 1VC

Name: SWAIN, BRIAN

400 AVENUE K, SE, SUITE #3 Address: City-St-Zip: WINTER HAVEN, FL 33885

Title:

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

Title:

BURNS, WILLIAM G Name:

Address: P.O. BOX 832, MOUNTAIN LAKE LAKE WALES, FL 33859 City-St-Zip:

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: LANCE ANASTASIO CEO 01/04/2010