2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#770806

FILED Mar 01, 2011 Secretary of State

Entity Name: MID-FLORIDA MEDICAL SERVICES, INC.

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:

US

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

Title: 1VC

Name: SWAIN, BRAIN K

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

Title: 2VC

STRAUGHN, RICHARD Name: Address: 810 POINTE COURT City-St-Zip: WINTER HAVEN, FL 33884

Title: 3VC

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

Title:

BURNS, WILLIAM G Name:

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

Title:

DANTZLER, TODD Name: Address: 801 PIEDMONT DRIVE SE WINTER HAVEN, FL 33880 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 03/01/2011