

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16 1999 8:00 am Secretary of State

DOCUMENT # G06808 14

1. Corporation Name

MEDICAL AND SURGICAL AFFILIATES, INC.

Principal Place of Business

Mailing Address

720 SW 2ND AVENUE STE B11 GAINESVILLE, FL 32601

720 SW 2ND AVENUE STE 311 GAINESVILLE, FL 32601

03/01/99 90091 031 \$150.00

2. Principal Place of Business

2a. Mailing Address

Form with fields 21-24 for Principal Place of Business and 26-30 for Mailing Address, including Suite, Apt #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

DEFORD, JAMES W. 720 SW 2ND AVENUE STE 311 GAINESVILLE, FL 32601

Form with fields 81-85 for Name, Street Address, City, and Zip Code of the Registered Agent.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

By (Name, Title, and full name of registered agent and the registered office) (Print, Full name of Agent, Title, Registered Office, and address) Date

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 12 rows for Officers and Directors, including fields for Title, Name, Street Address, City, State, and Zip.

Table with 13 rows for additions/changes to Officers and Directors, including fields for Title, Name, Street Address, City, State, and Zip.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(13)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. But I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like information.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99 352-378-1950

CR2E034 (1/198)