


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # 006808
 1. Entity Name
MEDICAL AND SURGICAL AFFILIATES, INC.



Principal Place of Business Mailing Address
500 NW 43RD STREET SUITE 3 GAINESVILLE FL 32607 US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **59-2228633** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
DEFORD, JAMES W.
6400 W NEWBERRY RD
#308
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEFORD, JAMES W.	
STREET ADDRESS	6400 W NEWBERRY RD STE 308	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEIBACH, JOHN	
STREET ADDRESS	6400 W NEWBERRY RD STE 308	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WYNNE, JAMES	
STREET ADDRESS	4741 NW 8TH AVE, SUITE C	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	M	<input type="checkbox"/> Delete
NAME	WARRICK, WILLIAM H III	
STREET ADDRESS	420 SW 8TH ST	
CITY - ST - ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, GARY	
STREET ADDRESS	2706 NW 23RD TERRACE	
CITY - ST - ZIP	GAINESVILLE FL 32605	
TITLE	S	<input type="checkbox"/> Delete
NAME	LENTZ, MISSY	
STREET ADDRESS	500 NW 43RD STREET, SUITE 3	
CITY - ST - ZIP	GAINESVILLE FL 32607	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000032480	
CITY - ST - ZIP	02/05/04-80006-001 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

SIGNATURE *Missy Lentz* **2/2/2004** (352) 692-3444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #