
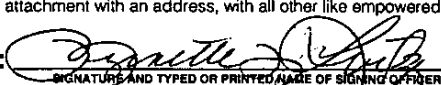
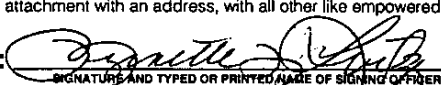


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90005 011 ***150.00

DOCUMENT # G06808					
1. Entity Name MEDICAL AND SURGICAL AFFILIATES, INC.					
Principal Place of Business 500 NW 43RD STREET SUITE 3 GAINESVILLE, FL 32607 US		Mailing Address 500 NW 43RD STREET SUITE 3 GAINESVILLE, FL 32607 US		50002216 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-2228633				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEFORD, JAMES W. 6400 W NEWBERRY RD #308 GAINESVILLE, FL 32605			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEFORD, JAMES W.		NAME		
STREET ADDRESS	6400 W NEWBERRY RD STE 308		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEIBACH, JOHN		NAME		
STREET ADDRESS	6400 W NEWBERRY RD STE 308		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WYNNE, JAMES		NAME		
STREET ADDRESS	4741 NW 8TH AVE, SUITE C		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	M	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WARRICK, WILLIAM H III		NAME		
STREET ADDRESS	420 SW 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32601		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, GARY		NAME		
STREET ADDRESS	2706 NW 23RD TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LENTZ, MISSY		NAME		
STREET ADDRESS	500 NW 43RD STREET, SUITE 3		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32607		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: 		MYRVELLE MOORE-LENTZ		352 377-2078	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	