


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # G06808</b> 1. Entity Name <b>MEDICAL AND SURGICAL AFFILIATES, INC.</b>	
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Principal Place of Business <b>500 NW 43RD STREET SUITE 3 GAINESVILLE, FL 32607 US</b>	Mailing Address <b>500 NW 43RD STREET SUITE 3 GAINESVILLE, FL 32607 US</b>
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02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2228633</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**DEFORD, JAMES W.  
500 NW 43RD ST STE 3  
GAINESVILLE, FL 32607**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000865826</b> <b>04/08/08-80004-010 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DEFORD, JAMES W. 500 NW 43RD ST STE 3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LEIBACH, JOHN 500 NW 43RD ST STE 3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WYNNE, JAMES 500 NW 43RD ST STE 3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LENTZ, MISSY 500 NW 43RD STREET, SUITE 3 GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3-20-08** **352-377-2078**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #