

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000157

FILED
Jan 06, 2010
Secretary of State

Entity Name: MID-FLORIDA MEDICAL SERVICES FOUNDATION, INC.

Current Principal Place of Business:

200 AVENUE F, NE
WINTER HAVEN, FL 33881

New Principal Place of Business:

Current Mailing Address:

200 AVENUE F, NE
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 03-0406130

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANASTASIO, LANCE W
200 AVE. F NE
WINTER HAVEN, FL 33881 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: INGRAM, DON
Address: P.O. BOX 7789
City-St-Zip: WINTER HAVEN, FL 33884

Title: IMP
Name: STRAUGHN, RICHARD
Address: 255 MAGNOLIA AVE SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: 1VC
Name: MCPHERSON, CHARLES
Address: 309 QUAILS RUN PASS
City-St-Zip: WINTER HAVEN, FL 33884

Title: 2VC
Name: SWAIN, BRIAN K
Address: PO BOX 3096
City-St-Zip: WINTER HAVEN, FL 33885

Title: ST
Name: BURNS, WILLIAM G
Address: PO BOX 832 MOUNTAIN LAKE
City-St-Zip: LAKE WALES, FL 338592036

Title: T
Name: ADAMSON, ERIC
Address: 252 MAGNOLIA AVENUE SW
City-St-Zip: WINTER HAVEN, FL 33880

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: JOEL L. THOMAS

VP

01/06/2010

Electronic Signature of Signing Officer or Director

Date