

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-02-2003 90238 026 *****61.25

5/2

DOCUMENT # N02000000157

1. Entity Name

MID-FLORIDA MEDICAL SERVICES FOUNDATION, INC.



Principal Place of Business

**200 AVE. F NE
WINTER HAVEN FL 33881**

Mailing Address

**200 AVE. F NE
WINTER HAVEN FL 33881**

55044613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
03-0406130

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOSTICK, MARK PO DRAWER 67 AUBURDALE FL 33823	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORROW, RONALD A 264 LAKE LINK RD. WINTER HAVEN FL 33884	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MCPHERSON, CHARLES W PO BOX 32036 LAKELAND FL 33802-2036	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANTZLER, RICHARD PO BOX 192 WINTER HAVEN FL 33882	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILLARD, EDGAR H 500 E. CENTRAL AVE. WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOLEN, J.M. PO BOX 1439 WINTER HAVEN FL 33882	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment for Additions/Changes	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Signature of Registered Agent
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)

Attachment

55044613

#102000000157

Mid-Florida Medical Services Foundation, Inc.	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUCKER, LARRY D.
STREET ADDRESS	17 LAKE ELOISE LANE, SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRAUGHN, RICHARD
STREET ADDRESS	255 MAGNOLIA AVENUE SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NOLEN, J.M.
STREET ADDRESS	290 CYPRESS GARDEN BLVD
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, DON
STREET ADDRESS	7 HICKORY WAY
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNS, WILLIAM G. "BILL"
STREET ADDRESS	MOUNTAIN LAKE
CITY-ST-ZIP	LAKE WALES, FL 33859-0832
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANTZLER, RICHARD
STREET ADDRESS	880 W. LAKE OTIS DRIVE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, JR., JOHN
STREET ADDRESS	202 SECURITY SQUARE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HART, SAM
STREET ADDRESS	210 SECURITY SQUARE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCPERSON, CHARLES W.
STREET ADDRESS	9 CYPRESS COVE ROAD, SE
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORROW, RONALD A.
STREET ADDRESS	1776 SIXTH STREET, NW, UNIT-510
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLARD, EDGAR H., M.D.
STREET ADDRESS	500 EAST CENTRAL AVENUE
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANCE ANASTASIO
STREET ADDRESS	200 AVENUE F, NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACDOUGALL, DAVID
STREET ADDRESS	200 AVENUE F, NE
CITY-ST-ZIP	WINTER HAVEN, FL 33881