

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

AND
FILED

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 15 AM 10:1

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727926 (8)

1. Corporation Name

POLK COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

402 SOUTH KENTUCKY AVE., STE. 350
P. O. BOX 927
LAKELAND FL 33802

402 SOUTH KENTUCKY AVE., STE. 350
P. O. BOX 927
LAKELAND FL 33802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1973

3a. Date of Last Report
02/04/1994

4. FBI Number
59-6137315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRASK, ELSIE M.
402 S. KENTUCKY
STE. 350
LAKELAND FL 33802

81 Name Murphy, Beverly T.
82 Street Address (P.O. Box Number is Not Acceptable)
402 S. Kentucky
83 Suite 350
84 City LAKELAND

85 Zip Code
FL 33802

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Beverly T. Murphy
Signature, typed or printed name of registered agent and title if applicable.

Beverly T. Murphy
(NOTE: Registered Agent signature required when reinstating)

3/9/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1 MATHEWSON, JOHN J MD
402 S. KENTUCKY AVE.
LAKELAND FL 33801

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2 SCHEMMERN, GARY B MD
402 S. KENTUCKY AVE.
LAKELAND FL 33801

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3 HEYSEK, RANDY M MD
402 S. KENTUCKY AVE.
LAKELAND FL 33801

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRASK, ELSIE M.
402 S. KENTUCKY, STE 350
LAKELAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☒ Change ☐ Addition
Murphy, Beverly T.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beverly T. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/94
Date

5613-682-0543
Document Number