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FILED

Jan 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 33802402 SOUTH KENTUCKY AVE., STE. 350  
P. O. BOX 927  
LAKELAND FL 33802-0927

3. Date Incorporated or Qualified

11/02/1973

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6137315

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURPHY, BEVERLY T.  
402 S. KENTUCKY  
STE. 350  
LAKELAND FL 33802

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE T ☒ DELETENAME CASSELL, ROBERT H. MD  
STREET ADDRESS 402 S. KENTUCKY AVE.  
CITY-ST-ZIP LAKELAND FLTITLE T ☐ DELETENAME SCHEMMER, GARY B MD  
STREET ADDRESS 402 S. KENTUCKY AVE.  
CITY-ST-ZIP LAKELAND FLTITLE T ☐ DELETENAME HEYSEK, RANDY M MD  
STREET ADDRESS 402 S. KENTUCKY AVE.  
CITY-ST-ZIP LAKELAND FL 33801TITLE D ☐ DELETENAME MURPHY, BEVERLY T.  
STREET ADDRESS 402 S. KENTUCKY, STE 350  
CITY-ST-ZIP LAKELAND FLTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE T

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

14. I do 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 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 DIRECTOR1/27/97  
Date941-682-0543  
Daytime Phone # 0052526

CR2E037 (9/96)