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Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 11/02/1973

4. FEI Number: 59-6137315 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 832 Spring Lake Square	26 832 Spring Lake Square
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Winter Haven FL	City & State 28 Winter Haven FL
Zip 24 33881 Country 25 US	Zip 29 33881 Country 30 US

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 832 Spring Lake Square

83

84 City: Winter Haven, FL 85 Zip Code: 33881

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	ERTENBERG, LUCY S MD		1.2 NAME		
STREET ADDRESS	402 S. KENTUCKY AVE.		1.3 STREET ADDRESS	832 Spring Lake Square	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	T	☒ DELETE	2.1 TITLE	T	☐ Change ☒ Addition
NAME	SCHEMMER, GARY B MD		2.2 NAME	Chapman, Robert H., MD	
STREET ADDRESS	402 S. KENTUCKY AVE.		2.3 STREET ADDRESS	832 Spring Lake Square	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	T	☒ DELETE	3.1 TITLE	T	☐ Change ☒ Addition
NAME	HEYSEK, RANDY M MD		3.2 NAME	Silva, Ranjit J., MD	
STREET ADDRESS	402 S. KENTUCKY AVE.		3.3 STREET ADDRESS	832 Spring Lake Square	
CITY-ST-ZIP	LAKELAND FL 33801		3.4 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MURPHY, BEVERLY T.		4.2 NAME		
STREET ADDRESS	402 S. KENTUCKY, STE 350		4.3 STREET ADDRESS	832 Spring Lake Square	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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