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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727926

1. Corporation Name
POLK COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
832 SPRING LAKE SQ ~~P. O. BOX 927~~ WINTER HAVEN FL 33881 US	832 SPRING LAKE SQ ~~P. O. BOX 927~~ WINTER HAVEN FL 33881 US

2. Principal Place of Business 21 832 Spring Lake Sq Suite, Apt. #, etc. 22 City & State 23 Winter Haven FL Zip 24 33881 Country 25 US	2a. Mailing Address 26 832 Spring Lake Sq Suite, Apt. #, etc. 27 City & State 28 Winter Haven FL Zip 29 33881 Country 30 US	3. Date Incorporated or Qualifed 11/02/1973 4. FEI Number 59-6137315 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MURPHY, BEVERLY T.
832 SPRING LAKE SQ
~~SUITE 930~~
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

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 _____ 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	832 SPRING LAKE SQ		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		1.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CHAPMAN, ROBERT H M		2.2 NAME	
STREET ADDRESS	832 SPRING LAKE SQ		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SILVA, RANJIT J M		3.2 NAME	
STREET ADDRESS	832 SPRING LAKE SQ		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MURPHY, BEVERLY T.		4.2 NAME	
STREET ADDRESS	832 SPRING LAKE SQ		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881		4.4 CITY-ST-ZIP	
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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Beverly T. Murphy 941-401-5360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Beverly T. Murphy