

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727926

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90135 029 ****70.00

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 33881-1338
US

00010044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6137315

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

MURPHY, BEVERLY T.
832 SPRING LAKE SQ
STE. 350
WINTER HAVEN FL 33881

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
ERTENBERG, LUCY S MD
832 SPRING LAKE SQ
WINTER HAVEN FL 33881

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
CHAPMAN, ROBERT H M
832 SPRING LAKE SQ
WINTER HAVEN FL 33881

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SILVA, RANJIT J M
832 SPRING LAKE SQ
WINTER HAVEN FL 33881

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CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 1-26-00

✓ 941-901-9361