

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90161 031 ****70.00

DOCUMENT # 727926

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business

832 SPRING LAKE SQ
 WINTER HAVEN FL 33881
 US

Mailing Address

832 SPRING LAKE SQ
 WINTER HAVEN FL 33881
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6137315

Applied For

Not Applicable

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

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

Name

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

City

FL

Zip Code

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 WICKSTROM, DALE DO 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 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SILVA, RANJIT J M 832 SPRING LAKE SQ WINTER HAVEN FL 33881 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, BEVERLY T. 832 SPRING LAKE SQ WINTER HAVEN FL 33881 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
T SANDERS, James L., MD 832 Spring Lake Sq Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 4-26-02

✓ 863-401-9360

Date

Daytime Phone #

CR2E037 (9/01)