2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State
05-05-2004 90245 050 ****70.00

DOCUMENT # 727926

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
832 SPRING LAKE SQ WINTER HAVEN FL 33881 US	832 SPRING LAKE SQ WINTER HAVEN FL 33881 US

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
5150 S. Florida Ave	5150 S Florida Ave
Suite, Apt. #, etc.: # 111	Suite, Apt. #, etc.: # 111
City & State: Lakeland FL	City & State: Lakeland FL
Zip: 33813 Country: Polk	Zip: 33813 Country: Polk

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 5150 S Florida Ave # 111

City: Lakeland FL Zip Code: 33813

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

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

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida 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	Trustee Wickstrom, Dale DO 5130 S. Florida Ave. #111 Lakeland FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SANDERS, JAMES L MD ~~832 SPRING LAKE SQ.~~ ~~WINTER HAVEN FL 33881~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Trustee Sanders, James L, MD 5150 S. Florida Ave, # 111 Lakeland FL 33813
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	D Murphy, Beverly 5150 S. Florida Ave, #111 Lakeland FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT SCHEMMER, GARY MD ~~832 SPRING LAKE SQ.~~ ~~WINTER HAVEN FL 33881~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Schemmer, Gary MD 5150 S. Florida Ave, #111 Lakeland FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lopez-mendez, Ada MD 5150 S. Florida Ave, #111 Lakeland FL 33813
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

☐ Change ☐ Addition (for each row)

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: Beverly T. Murphy Executive Director Beverly Murphy 5-1-04 863-644-4051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #