2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 28, 2007 8:00 am Secretary of State **DOCUMENT # 727926** 1. Entity Namo 06-28-2007 90002 005 ****70 00 POLK COUNTY MEDICAL ASSOCIATION, INC. Principal Place of Business Mailing Address 5150 S FLORIDA AVE 5150 S FLORIDA AVE # 111 LAKELAND FL 33813 LAKELAND FL 33813 2. Principal Place of Business - No P.Q. Bex # 5110 S. Florida Ava 3. Mailing Address Florida Aue 1st MOORE CR2E037 (10/06) city & State land, FL 4. FEI Number Applied For 59-6137315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MURPHY, BEVERLY T. Street Address (P.O. Box Number is Not Acceptable) 5150 S FLORIDA AVE 5710 S. Florida Ave LAKELAND FL 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Change Change MILE ☐ Delete 5110 S. Florida Ave #111 NAME NAME SERGIO, SEOANE MD STREET ADDRESS STREET ADDRESS 5150 S FLORIDA AVE 111 Lakeland, FL 33813 CHY-ST-7P CITY-SI-ZIP LAKELAND FL 33813 ☐ Delete 5110 5. Florida Ave #111 NAME MURPHY, BEVERLY T. STREET ADDRESS STREET ADDRESS 5150 S FLORIDA AVE #111 Lakeland, FL 33813 CITY-ST-ZIP CITY-SI-ZIP LAKELAND FL 33813 5110 5. Florida Ave #111 Lakeland, FL 33813 Delete 11117 NAME NAME SCHEMMER, GARY MD STREET ADDRESS STREET ADDRESS 5150 S FLORIDA AVE #111 CITY S1-7IP CITY-ST-7IP LAKELAND FL 33813 5110 S. Florida Ave #111 Lakeleind, FL 33813 HILE DITTE Delete NAME NAME LOPEZ-MENDEZ, ADA MD STREEL ADDRESS STREET ADDRESS 5150 S FLORIDA AVE #111 CITY ST-7IP CITY-ST-ZIP LAKELAND FL 33813 Delete TITLE TITLE 5110 S. Florida Ave. #111 NAME NOBO, RALPH MD NAME STREET ADDRESS STREET ADDRESS 5150 S FLORIDA AVE #111 Lakeland, FL 33873 CITY-ST-ZIP CITY-SI-ZIP LAKELAND FL 33813 ☐ Change IIILE ☐ Delele HILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED