

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

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90244 001 *****70.00

DOCUMENT # 748107

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, 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

14022258



MOORE CR2E037 (11/03)

2. Principal Place of Business

5150 S. Florida Ave

3. Mailing Address

5150 S. Florida Ave

Suite, Apt. #, etc.

#111

Suite, Apt. #, etc.

#111

City & State

Lakeland FL

City & State

Lakeland FL

Zip

33813

Country

Zip

33813

Country

4. FEI Number

59-1888051

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, BEVERLY
832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent

Name

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

5150

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

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
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

TITLE	CD	<input type="checkbox"/> Delete
NAME	LYLE, DONNA	
STREET ADDRESS	204 LOCHEN COURT	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	CD	<input type="checkbox"/> Delete
NAME	SILBIGER, KRISTA	
STREET ADDRESS	99 LAMBERDUN ROAD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DONNA LYLE	
STREET ADDRESS	204 LOCHEN CT.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDERS, LORETTA	
STREET ADDRESS	1129 INTERLOCHEN BLVD	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	TV	<input type="checkbox"/> Delete
NAME	CASELL, MARY ANN	
STREET ADDRESS	3384 GAINES COUR SE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHOUINARD, KAREN	
STREET ADDRESS	2110 EDGEWATER CIR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1101 Interlochen Blvd
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1101 Interlochen Blvd
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Murphy Beverly Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-04 863-644-4051
Date Daytime Phone #