2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2013
Secretary of State
CC2254981554

DOCUMENT# 727926

Entity Name: POLK COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

5110 S FLORIDA AVE
111
LAKELAND, FL 33813

Current Mailing Address:

5110 S FLORIDA AVE
111
LAKELAND, FL 33813 US

FEI Number: 59-6137315

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COURTNEY, JACKIE
5110 S FLORIDA AVE
111
LAKELAND, FL 33813 US

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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	T
Name	HAMILTON, RICHARD MD
Address	5110 S FLORIDA AVE # 111
City-State-Zip:	LAKELAND FL 33813

Title	T
Name	SONI, ARVIND MD
Address	5110 S FLORIDA AVE # 111
City-State-Zip:	LAKELAND FL 33813

Title	D
Name	COURTNEY, JACKIE
Address	5110 S FLORIDA AVE # 111
City-State-Zip:	LAKELAND FL 33813

Title	T
Name	NOBO, RALPH MD
Address	5110 S FLORIDA AVE # 111
City-State-Zip:	LAKELAND FL 33813

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JACKIE COURTNEY EXECUTIVE DIRECTOR 01/30/2013

Electronic Signature of Signing Officer/Director Detail — Date