

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727926

**Entity Name:** POLK COUNTY MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

4324 FOREST HILLS DR  
LAKELAND, FL 33813

**Current Mailing Address:**

PO BOX 2717  
LAKELAND, FL 33806 US

**FEI Number:** 59-6137315

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SEOANE, SERGIO  
4324 FOREST HILLS DR  
LAKELAND, FL 33813-1717 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:** SERGIO B. SEOANE

01/07/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SEOANE, SERGIO  
Address PO BOX 2717  
City-State-Zip: LAKELAND FL 33806

Title T  
Name SEOANE, DEBRA MD  
Address 4324 FOREST HILLS DR  
City-State-Zip: LAKELAND FL 33813

Title T  
Name NOBO, JR, RALPH MD  
Address PO BOX 2717  
City-State-Zip: LAKELAND FL 33806

*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:** SERGIO SEOANE

D

01/07/2025

Electronic Signature of Signing Officer/Director Detail

Date