

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727926

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

**Current Principal Place of Business:**

4315 HIGHLAND PARK BLVD, STE B  
LAKELAND, FL 33813

**Current Mailing Address:**

4315 HIGHLAND PARK BLVD, STE B  
LAKELAND, FL 33813 US

**FEI Number:** 59-6137315

**Certificate of Status Desired:** No

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

COURTNEY, JACKIE  
4315 HIGHLAND PARK BLVD, STE B  
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 D  
Name COURTNEY, JACKIE  
Address 4315 HIGHLAND PARK BLVD, STE B  
City-State-Zip: LAKELAND FL 33813

Title T  
Name BOOKER, JAMES MD  
Address 4315 HIGHLAND PARK BLVD, STE B  
City-State-Zip: LAKELAND FL 33813

Title T  
Name NOBO, JR, RALPH MD  
Address 4315 HIGHLAND PARK BLVD, STE B  
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**

**02/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date