

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748107

Entity Name: POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, 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: 59-1888051

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 CD
Name LYLE, DONNA
Address 1101 INTERLACHEN BLVD
City-State-Zip: WINTER HAVEN FL 33884

Title CD
Name SILBIGER, KRISTA
Address 99 LAMERAUX RD
City-State-Zip: WINTER HAVEN FL 33884

Title SD
Name DONNA LYLE
Address 1101 INTERLACHEN BLVD
City-State-Zip: WINTER HAVEN FL

Title PD
Name SANDERS, LORETTA
Address 1129 INTERLOCHEN BLVD
City-State-Zip: WINTER HAVEN FL 33884

Title TV
Name COURTNEY, JACKIE
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