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.

TREASURER

SIGNATURE: DIANNE M COLLINS

Electronic Signature of Signing Officer/Director Detail

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: DIANNE M. COLLINS						
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, SECRETARY			
Name	WEST, MARK A	Name	MCCORMACK, PATRICK			
Address	10904 N. OREGON CIRCLE	Address	14640 CORKWOOD DRIVE			
City-State-Zip:	TAMPA FL 33612	City-State-Zip:	TAMPA FL 33626			
Title Name	DIRECTOR, TREASURER COLLINS, DIANNE M					

FEI Number: 59-3513726

Name and Address of Current Registered Agent:

Current Mailing Address:

5915 LAKE LUTHER ROAD LAKELAND. FL 33805 US

5915 LAKE LUTHER ROAD

City-State-Zip: LAKELAND FL 33805

COLLINS, DIANNE M 5915 LAKE LUTHER ROAD LAKELAND, FL 33805 US

Address

LAKELAND. FL 33805

DOCUMENT# N9800002976

Entity Name: THE TOM KANEY BENEVOLENT MEDICAL FUND, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

5915 LAKE LUTHER ROAD

Jan 15, 2018 Secretary of State CC8931728791

Certificate of Status Desired: Yes

FILED

01/15/2018

Date