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: DIANNE M. COLLINS

Electronic Signature of Signing Officer/Director Detail

SIGNATURE	: DIANNE M. COLLINS			01/18/2016	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR, PRESIDENT	Title	DIRECTOR, SECRETARY		
Name	WEST, MARK A	Name	MCCORMACK, PATRICK		

LAKELAND, FL 33805 US

City-State-Zip: TAMPA FL 33612

City-State-Zip: LAKELAND FL 33805

5915 LAKE LUTHER ROAD

FEI Number: 59-3513726

Name and Address of Current Registered Agent:

10904 N. OREGON CIRCLE

DIRECTOR, TREASURER

COLLINS, DIANNE M 5915 LAKE LUTHER ROAD

COLLINS, DIANNE M 5915 LAKE LUTHER ROAD

Address

Title

Name

Address

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.

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800002976

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

Current Principal Place of Business:

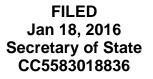
5915 LAKE LUTHER ROAD LAKELAND, FL 33805

Current Mailing Address:

LAKELAND. FL 33805 US

Certificate of Status Desired: Yes

14640 CORKWOOD DRIVE Address City-State-Zip: TAMPA FL 33626



Date

01/18/2016 TREASURER/DIRECTOR