

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 28, 2007 8:00 am
Secretary of State

06-28-2007 90002 005 ****70.00

DOCUMENT # 727926

1. Entity Name

POLK COUNTY MEDICAL ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5150 S FLORIDA AVE
111
LAKELAND FL 33813
US

5150 S FLORIDA AVE
111
LAKELAND FL 33813
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURPHY, BEVERLY T.
5150 S FLORIDA AVE
111
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

5110 S. Florida Ave #111

City Lakeland,

FL

Zip Code 33813

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Delete
NAME SERGIO, SEOANE MD
STREET ADDRESS 5150 S FLORIDA AVE 111
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME 5110 S. Florida Ave #111
STREET ADDRESS Lakeland, FL 33813
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MURPHY, BEVERLY T.
STREET ADDRESS 5150 S FLORIDA AVE #111
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME 5110 S. Florida Ave #111
STREET ADDRESS Lakeland, FL 33813
CITY-ST-ZIP

TITLE T ☐ Delete
NAME SCHEMMER, GARY MD
STREET ADDRESS 5150 S FLORIDA AVE #111
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME 5110 S. Florida Ave #111
STREET ADDRESS Lakeland, FL 33813
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LOPEZ-MENDEZ, ADA MD
STREET ADDRESS 5150 S FLORIDA AVE #111
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME 5110 S. Florida Ave #111
STREET ADDRESS Lakeland, FL 33813
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NOBO, RALPH MD
STREET ADDRESS 5150 S FLORIDA AVE #111
CITY-ST-ZIP LAKELAND FL 33813

TITLE ☒ Change ☐ Addition
NAME 5110 S. Florida Ave. #111
STREET ADDRESS Lakeland, FL 33813
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-24-07 863-644-4051