

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727926

FILED
Feb 26, 2009
Secretary of State

Entity Name: POLK COUNTY MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

5110 S FLORIDA AVE
111
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

5110 S FLORIDA AVE
111
LAKELAND, FL 33813 US

New Mailing Address:

FEI Number: 59-6137315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, BEVERLY T
5110 S FLORIDA AVE
111
LAKELAND, FL 33813 US

Name and Address of New 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: JACKIE COURTNEY

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: SERGIO, SEOANE MD
Address: 5110 S FLORIDA AVE # 111
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: MURPHY, BEVERLY T
Address: 5110 S FLORIDA AVE # 111
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: SCHEMMER, GARY MD
Address: 5110 S FLORIDA AVE # 111
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: LOPEZ-MENDEZ, ADA MD
Address: 5110 S FLORIDA AVE # 111
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: NOBO, RALPH MD
Address: 5110 S FLORIDA AVE # 111
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COURTNEY, JACKIE
Address: 5110 S FLORIDA AVE # 111
City-St-Zip: LAKELAND, FL 33813

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JACKIE COURTNEY

D

02/26/2009

Electronic Signature of Signing Officer or Director

Date