

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748107 (0)

1. Corporation Name

POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.



Principal Place of Business

402 S KENTUCKY AVE STE 350  
P. O. BOX 927  
LAKELAND FL 33801

Mailing Address

402 S KENTUCKY AVE STE 350  
P. O. BOX 927  
LAKELAND FL 33801

3. Date Incorporated or Qualified  
07/18/1979

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1888051

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEHLE, ANNA W.  
5017 SHADY LK. LN.  
LAKELAND FL

81 Name

BRENDA FRIEDMAN

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

3135 GRASSLANDS DR

83

84 City

LAKELAND

FL

85 Zip Code  
33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brenda Friedman*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/7/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DAVENPORT, ANN	
STREET ADDRESS	5808 HOLLYWOOD DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, BRENDA	
STREET ADDRESS	3135 GRASSLANDS DR.	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ESTUPINAN, MARY	
STREET ADDRESS	1204 ESTAN DRIVE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEHLE, ANNA W	
STREET ADDRESS	5017 SHADY LK. LN	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WOOTEN, JANET	
STREET ADDRESS	1162 WATERFALL LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRISCILLA GERBER	
1.3 STREET ADDRESS	17 SKIDMORE RD	
1.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	
2.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BRENDA FRIEDMAN	
2.3 STREET ADDRESS	3135 GRASSLANDS DR	
2.4 CITY-ST-ZIP	LAKELAND FL 33884	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DONNA LYLE	
3.3 STREET ADDRESS	204 LOCHEN COURT	
3.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	
4.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KRISTA SILBIGER	
4.3 STREET ADDRESS	99 LAMERAUX RD	
4.4 CITY-ST-ZIP	WINTER HAVEN FL 33884	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Brenda Friedman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRENDA FRIEDMAN

6/7/96 941/683-2335

Date

Daytime Phone #

CR2E037 (3/96)