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Mar 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
402 S KENTUCKY AVE STE 350 402 S KENTUCKY AVE STE 350
P. O. BOX 927 P. O. BOX 927
LAKELAND FL 33801 LAKELAND FL 33801-5335

3. Date Incorporated or Qualified 07/18/1979 3a. Date of Last Report 06/12/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1888051 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
BRENDA FRIEDMAN 3135 GRASSLANDS DR. LAKELAND FL
81 Name DANA BRUNETTI
82 Street Address (P.O. Box Number is Not Acceptable) 6325 FERN LANE
83
84 City Lakeland FL 85 Zip Code 33813

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: Dana Brunetti, Treasurer 3/23/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD PRISCILLA GERBER 17 SKIDMORE RD. WINTER HAVEN FL	1.1 TITLE	SECRETARY/DIRECTOR
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	TD FRIEDMAN, BRENDA 3135 GRASSLANDS DR. LAKELAND FL 33803	2.1 TITLE	TREASURER/DIRECTOR
NAME		2.2 NAME	DANA BRUNETTI
STREET ADDRESS		2.3 STREET ADDRESS	6325 FERN LANE
CITY - ST - ZIP		2.4 CITY - ST - ZIP	LAKELAND, FL 33813
TITLE	SD DONNA LYLE 204 LOCHEN CT. WINTER HAVEN FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	SD KRISTA SILBIGER 99 LAMERAUX RD. WINTER HAVEN FL	4.1 TITLE	PRESIDENT/DIRECTOR
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	TD BRENDA FRIEDMAN 3135 GRASSLANDS DR. LAKELAND FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Dana Brunetti, Treasurer 3/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0062382

CR2E037 (9/96)