

FILE NOW: FILING FEE IS \$61.25

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Jul 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/18/1979	
4. FEI Number 59-1888051	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 832 Spring Lake Sq. Suite, Apt. #, etc. 22 City & State 23 Winter Haven FL Zip 24 33881 Country 25 Polk	2a. Mailing Address 26 832 Spring Lake Sq. Suite, Apt. #, etc. 27 City & State 28 Winter Haven FL Zip 29 33881 Country 30 Polk
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BRUNETTI, DANA
6325 FERN LANE
LAKELAND FL 33813**

81 Name Beverly Murphy
82 Street Address (P.O. Box Number is Not Acceptable) 832 Spring Lake Square
83
84 City Winter Haven FL 85 Zip Code 33881

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 **Beverly T. Murphy** **Beverly T. Murphy** **6/23/98**
Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	DELETE
NAME	PRISCILLA GERBER	
STREET ADDRESS	17 SKIDMORE RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	DELETE
NAME	BURNETTI, DANA	
STREET ADDRESS	6325 FERN LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	SD	DELETE
NAME	DONNA LYLE	
STREET ADDRESS	204 LOCHEN CT.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	PD	DELETE
NAME	KRISTA SILBIGER	
STREET ADDRESS	99 LAMERAUX RD.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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: **Krista B. Silbiger** **Krista B. Silbiger** **1-23-98 (941) 325-8277**

CR2E037 (10/97)