

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90032 018 ****70.00

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DOCUMENT # 748107

1. Corporation Name

POLK COUNTY MEDICAL ASSOCIATION ALLIANCE, INC.

Principal Place of Business

832 SPRING LAKE SQ
WINTER HAVEN FL 33881
US

Mailing Address

832 SPRING LAKE SQ
WINTER HAVEN FL 33881
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/18/1979

4. FEI Number

59-1888051

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MURPHY, BEVERLY
832 SPRING LAKE SQUARE
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME PRISCILLA GERBER
STREET ADDRESS 17 SKIDMORE RD.
CITY-ST-ZIP WINTER HAVEN FL
☒ DELETE

TITLE TD
NAME BURNETTI, DANA
STREET ADDRESS 6325 FERN LANE
CITY-ST-ZIP LAKE LAND FL
☒ DELETE

TITLE SD
NAME DONNA LYLE
STREET ADDRESS 204 LOCHEN CT.
CITY-ST-ZIP WINTER HAVEN FL
☐ DELETE

TITLE PD
NAME KRISTA SILBINGER
STREET ADDRESS 99 LAMERAX RD.
CITY-ST-ZIP WINTER HAVEN FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D
1.2 NAME Donna Lyle
1.3 STREET ADDRESS 204 Lochan Court
1.4 CITY-ST-ZIP Winter Haven, FL 33884
☒ Change ☐ Addition

2.1 TITLE C/D
2.2 NAME Krista Silbinger
2.3 STREET ADDRESS 99 Lamerax Road
2.4 CITY-ST-ZIP Winter Haven, FL 33884
☒ Change ☐ Addition

3.1 TITLE T/V
3.2 NAME Mary Ann Cassell
3.3 STREET ADDRESS 3834 Gaines Court SE
3.4 CITY-ST-ZIP Winter Haven, FL 33884
☐ Change ☒ Addition

4.1 TITLE T/S
4.2 NAME Debbie Misch
4.3 STREET ADDRESS 6012 Cricket Drive
4.4 CITY-ST-ZIP Lakeland, FL
☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 (941)

Date Daytime Phone #

CR2E037-11/98